TITLE V BLOCK GRANT APPLICATION FORMS (2-21) STATE: VT

APPLICATION YEAR: 2011

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Fo	RM 2			
MCH BUDGET DE		Y 2011		
	and 505(a)(3)(4)] TE: VT			
1. FEDERAL ALLOCATION				
(Item 15a of the Application Face Sheet [SF 424]) Of the Federal Allocation (1 above), the amount earmarked for:			\$	1,694,662
A.Preventive and primary care for children:				
\$ <u>771,245</u> (<u>45.51</u> %)				
B.Children with special health care needs:				
\$ 839,589 (49.54%) (If either A or B is less than 30%, a waiver request must accompany the al	oplication)[Sec. 50	5(a)(3)]		
C.Title V admininstrative costs:				
\$ 30,397 (1.79%) (The above figure cannot be more than 10%) [Sec. 504(d)]				
2. UNOBLIGATED BALANCE (Item 15b of SF 424)			\$	0
3. STATE MCH FUNDS (Item 15c of the SF 424)			\$	2,180,046
4. LOCAL MCH FUNDS (Item 15d of SF 424)			\$	0
5. OTHER FUNDS (Item 15e of SF 424)			\$	0
6. PROGRAM INCOME (Item 15f of SF 424)			\$	1,066,452
7. TOTAL STATE MATCH (Lines 3 through 6) (Below is your State's FY 1989 Maintainence of Effort Amount)			\$ <u></u>	3,246,498
\$167,093 8. FEDERAL-STATE TITLE V BLOCK GRANT F	PARTNERS	HIP (SURTOTAL)	٠,	4,941,160
(Total lines 1 through 6. Same as line 15g of SF 424)	ARTHERO	···· (00B101AL)	φ <u> </u>	4,941,100
OTHER FEDERAL FUNDS (Funds under the control of the person responsible for the administration of the person responsible for the person respons	he Title V program)		
a. SPRANS:	\$	0		
b. SSDI:	\$	83,554		
c. CISS:	\$	0		
d. Abstinence Education:	\$	0		
e. Healthy Start:	\$	0		
f. EMSC:	\$	130,000		
g. WIC:	\$	13,500,000		
h. AIDS:	\$	1,400,000		
i. CDC:	\$	1,700,000		
j. Education:	\$	100,000		
k. Other:				
Family Planning	\$	830,140		
	\$			
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under	tem 9)		\$	17,743,694
11. STATE MCH BUDGET TOTAL			\$	22,684,854
(Partnership subtotal + Other Federal MCH Funds subtotal)				, - ,

FIELD LEVEL NOTES

None

None

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: VT

	FY 2	2006	FY 2	2007	FY 2	2008
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$1,742,951	\$1,705,136	\$1,705,170	\$1,705,136	\$1,705,136	\$1,705,272
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
3. State Funds (Line3, Form 2)	\$1,474,306	\$ 2,956,904	\$ 2,465,628	\$2,208,312	\$2,727,247	\$2,180,099
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$0	\$0	\$0
6. Program Income (Line6, Form 2)	\$0	\$0	\$0	\$0	\$0	\$1,568,411
7. Subtotal	\$ 3,217,257	\$ 4,662,040	\$	\$ 3,913,448	\$4,432,383	\$ 5,453,782
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$25,638,659	\$16,876,536	\$ 26,532,355	\$17,765,122	\$17,284,710	\$ 18,923,531
9. Total (Line11, Form 2)	\$28,855,916	\$21,538,576	\$30,703,153	\$21,678,570	\$21,717,093	\$ 24,377,313
			(STATE MCH B	UDGET TOTAL)		

STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a)(I-3)]

STATE: VT

	FY 2	2009	FY 2	2010	FY 2	2011
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$1,705,272	\$1,694,536	\$1,694,662	\$	\$1,694,662	\$
2. Unobligated Balance (Line2, Form 2)	\$0	\$0	\$0	\$	\$0	\$
3. State Funds (Line3, Form 2)	\$	\$ 1,585,399	\$ 2,668,350	\$	\$ 2,180,046	\$
4. Local MCH Funds (Line4, Form 2)	\$0	\$0	\$0	\$	\$0	\$
5. Other Funds (Line5, Form 2)	\$0	\$0	\$0	\$	\$0	\$
6. Program Income (Line6, Form 2)	\$0	\$0	\$1,520,096	\$	\$1,066,452	\$
7. Subtotal	\$4,305,198	\$3,279,935	\$5,883,108	\$0	\$	\$0
		(THE FEI	DERAL-STATE TITLE E	BLOCK GRANT PARTN	IERSHIP)	
8. Other Federal Funds (Line10, Form 2)	\$17,765,122	\$17,743,694	\$ 18,923,531	\$	\$17,743,694	\$
9. Total (Line11, Form 2)	\$22,070,320	\$21,023,629	\$24,806,639	\$0	\$22,684,854	\$0
			(STATE MCH B	UDGET TOTAL)	_	

None

FIELD LEVEL NOTES

1. Section Number: Form3_Main

Field Name: StateMCHFundsExpended

Row Name: State Funds Column Name: Expended

Year: 2009 Field Note:

State funds decreased due to expenditures being lower than anticipated. The "budgeted" amount was based on prior year experiences. In FFY09, expenditures declined relative to FFY08 and prior due to several factors, including:

--FY08 had two more paydays than FY09, a chance occurance

- --as we moved from SFY09 toward SFY10 (during FFY09) vacancies were held open and sometimes eliminated and some positions were eliminated to meet budget targets.
- --treatment costs for children declined in FY09 for a variety of reasons
- --grant payments in FFY09 were a full 40% lower in FFY09. Grant obligations did not change significantly, so this reduction is thought to be a function of the timing of grant payments. All costs are reported on a cash basis, so the timing of payments can have an impact on the apparent size of the MCH program.

2. Section Number: Form3_Main

Field Name: StateMCHFundsExpended Row Name: State Funds

Column Name: Expended

Year: 2008

Field Note:

08' budgeted was estimate created when we were reporting on 06' actual expenditures. Actual expenditures in 08' was less than the estimated in 06'.

3. Section Number: Form3_Main

Field Name: ProgramIncomeExpended

Row Name: Program Income Column Name: Expended

Year: 2008

Field Note:

After the conference call on 8/25/09 we were asked to include our program income.

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VT

		FY 2	2006	6	FY 2007				FY 2008			
I. Federal-State MCH Block Grant Partnership	Bu	DGETED	Ex	PENDED	Bu	DGETED	Exp	PENDED	Bu	DGETED	Ex	PENDED
a. Pregnant Women	\$	27,209	\$	71,733	\$	74,345	\$	42,443	\$	45,769	\$	35,697
b. Infants < 1 year old	\$	250,484	\$	228,008	\$	183,713	\$	68,518	\$	193,480	\$	132,061
c. Children 1 to 22 years old	\$_	1,353,551	\$	1,979,664	\$	1,774,396	\$	1,658,156	\$	1,809,135	\$	2,427,525
d. Children with Special Healthcare Needs	\$	1,522,901	\$	2,270,584	\$	2,052,986	\$	1,999,576	\$	2,228,180	\$	2,712,688
e. Others	\$	0	\$	0	\$	0	\$	0	\$	0	\$	С
f. Administration	\$	63,112	\$	112,051	\$	85,358	\$	144,755	\$	155,819	\$	145,811
g. SUBTOTAL	\$	3,217,257	\$	4,662,040	\$	4,170,798	\$	3,913,448	\$	4,432,383	\$	5,453,782
II. Other Federal Funds (under the	contr	ol of the person re	espo	onsible for admini	strat	ion of the Title V	prog	ram).				
a. SPRANS	\$	270,608			\$	0			\$	0		
b. SSDI	\$	69,200			\$	98,848			\$	61,123		
c. CISS	\$	100,000			\$	0			\$	0		
d. Abstinence Education	\$	70,615			\$	12,936			\$	11,385		
e. Healthy Start	\$	0			\$	0			\$	0		
f. EMSC	\$	100,000			\$	107,269			\$	145,452		
g. WIC	\$	10,603,000			\$	11,747,700			\$	11,809,340		
h. AIDS	\$_	1,494,041			\$	1,419,492			\$	1,878,047		
i. CDC	\$_	1,476,177			\$	1,579,141			\$	2,160,031		
j. Education	\$	0			\$	110,000			\$	212,198		
k.Other]											
Family Planning	\$	857,748			\$	887,297			\$	1,007,134		
Medicaid Administrat	\$_	0			\$	10,569,672			\$	0		
Medicaid	\$	10,597,270			\$	0			\$	0		
III. SUBTOTAL	\$	25,638,659			\$	26,532,355			\$	17,284,710		

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VT

		FY 2009				FY 2010			<u> </u>	FY 2	2011	
. Federal-State MCH Block Grant Partnership	Βυ	DGETED	Ex	PENDED	Βu	DGETED	EXF	PENDED	Вι	JDGETED	EXPENDED	
a. Pregnant Women	\$	40,325	\$	29,086	\$	31,308	\$		\$_	7,794	\$	
b. Infants < 1 year old	\$	167,703	\$	120,263	\$	133,134	\$		\$_	114,372	\$	
c. Children 1 to 22 years old	\$	1,705,448	\$	1,546,961	\$	2,534,711	\$		\$_	1,763,389	\$	
d. Children with Special Healthcare Needs	\$	2,318,043	\$	1,518,802	\$	3,054,306	\$		\$	1,919,653	\$	
e. Others	\$	0	\$	0	\$	0	\$		\$_	0	\$	
f. Administration	\$	73,679	\$	64,823	\$	129,649	\$		\$	69,500	\$	
g. SUBTOTAL	\$	4,305,198	\$	3,279,935	\$	5,883,108	\$	0	\$	3,874,708	\$	0
II. Other Federal Funds (under the o	ontr	ol of the person re	espo	nsible for admini	stra	tion of the Title V	prog	ram).				
a. SPRANS	\$	0			\$	0			\$	0		
b. SSDI	\$	94,644			\$	94,644			\$	83,554		
c. CISS	\$	0			\$	105,000			\$	0		
d. Abstinence Education	\$	0			\$	0			\$	0		
e. Healthy Start	\$	0			\$	0			\$	0		
f. EMSC	\$	115,000			\$	130,000			\$_	130,000		
g. WIC	\$	13,222,524			\$	14,445,768			\$	13,500,000		
h. AIDS	\$	1,449,501			\$	1,449,501			\$	1,400,000		
i. CDC	\$	1,956,555			\$	1,741,720			\$	1,700,000		
i. Education	\$	175,000			\$	175,000			\$	100,000		
k.Other]											
Family Planning	\$	751,898			\$	781,898			\$	830,140		
III. SUBTOTAL	\$	17,765,122			\$	18,923,531			\$	17,743,694		

None

FIELD LEVEL NOTES

1. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2009 Field Note:

See note to Form 3 for comments on factors reducing FY09 expenditures compared to budgeted amounts. Budgeted amounts were based on prior year experiences, and FY09 expenditures declined relative to FY08.

2. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended Row Name: Pregnant Women Column Name: Expended

Year: 2008 Field Note:

Actual expenses were less than budgeted.

 Section Number: Form4_I. Federal-State MCH Block Grant Partnership Field Name: Children_0_1Expended

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended Vegr: 2009

Year: 2009 Field Note:

See note to Form 3 for comments on factors reducing FY09 expenditures compared to budgeted amounts. Budgeted amounts were based on prior year experiences, and

FY09 expenditures declined relative to FY08.

. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended Row Name: Infants <1 year old Column Name: Expended Year: 2008

Field Note:

Actual expenses were less than budgeted

5. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2008 Field Note:

On assumption the expenditures would be the sum of the federal grant and required state match plus the maintenance of effort, in reality expenditures have not been that high. Actual 08 were lower than the projection used for 06' budgeted.

6. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2009 Field Note:

See note to Form 3 for comments on factors reducing FY09 expenditures compared to budgeted amounts. Budgeted amounts were based on prior year experiences, and FY09 expenditures declined relative to FY08.

7. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended Row Name: CSHCN Column Name: Expended

Year: 2008 Field Note:

On assumtion the expenditures would be sum of federal grant and required state match plus the maintenance of effort, in reality expeditures have never been that high, actual 08' were lower than prjection used for 06' budgeted

8. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended Row Name: Administration Column Name: Expended

Year: 2009 Field Note:

Administration costs are costs allocated to the program as determined by our Cost Allocation Plan. The costs allocated to the program declined because the direct costs of the program declined. See note to Form 3 for comments on factors reducing FY09 direct expenditures compared to budgeted amounts. Budgeted amounts were based on prior year experiences, and FY09 expenditures declined relative to FY08.

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VT

TYPE OF SERVICE	FY 2	2006	FY :	2007	FY 2	2008
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$1,017,971	\$1,876,186	\$1,444,928	\$	\$1,682,494	\$\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$1,044,970	\$1,405,336	\$1,372,108	\$1,109,726	\$1,416,860	\$1,414,713
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 553,454	\$510,061	\$\$	\$ 421,628	\$ 492,466	\$ 289,272
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 600,862	\$870,457	\$861,652	\$ 285,934	\$840,563	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$3,217,257	\$4,662,040	\$4,170,798	\$3,913,448	\$4,432,383	\$5,453,782

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VT

Type of Sepvice	FY 2	2009	FY 2	2010	FY 2011		
TYPE OF SERVICE	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED	
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$	\$1,037,412	\$ 3,099,138	\$	\$1,203,442	\$	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$1,255,612	\$1,473,306	\$1,592,498	\$	\$1,697,895	\$	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 554,680	\$185,717	\$305,147	\$	\$240,754	\$	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$\$	\$ 583,500	\$886,325	\$	\$	\$	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$4,305,198	\$3,279,935	\$5,883,108	\$0	\$3,874,708	\$	

None

FIELD LEVEL NOTES

 Section Number: Form5_Main Field Name: DirectHCExpended Row Name: Direct Health Care Services

Column Name: Expended

Year: 2009 Field Note:

See note to Form 3 for comments on factors reducing FY09 expenditures compared to budgeted amounts. Budgeted amounts were based on prior year experiences, and FY09 expenditures declined relative to FY08.

Section Number: Form5_Main
 Field Name: DirectHCExpended
 Row Name: Direct Health Care Services
 Column Name: Expended

Year: 2008 Field Note:

On assumption the expenditures would be sum of Federal Grant and required state match plus the maintenance of effort, in reality, Actual FY 08 were lower than the projection used for FY 06 budgeted

3. Section Number: Form5_Main Field Name: EnablingExpended Row Name: Enabling Services Column Name: Expended

Year: 2009 Field Note:

The FY09 expended varies from the FY09 budgeted by more than 10%. The FY09 "Budget" was largely based on the experience of the FY07 actuals. In reality, the FY09 actuals were in fact close to the FY08 actuals (within about 4% of FY08 expenditures). While other service areas declined in FY09, this service area was not as affected by the factors that caused the FY09 decrease. (See note to Form 3 for comments on the decrease.)

Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2009 Field Note:

See notes to Enabling services above. While enabling services were less affected by the factors reducing FY09 expenditures, population-based services were disproportionately affected.

 Section Number: Form5_Main Field Name: PopBasedExpended Row Name: Population-Based Services

Column Name: Expended

Year: 2008 Field Note:

budget costs for Population based services were over-estimated for FY08 budgeted due to unusually high expenditures in a small amount of data that was used as a base

period

Section Number: Form5_Main
 Field Name: InfrastrBuildExpended
 Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2009 Field Note:

Infrastructure "budgeted" amount for FY09 was based on an assumption that the decline in infrastructure that occured in FY07 would continue into FY08 and beyond. In fact, FY07 was an anomaly for Infrastructure costs. Expenditures for FY08 increased over FY07 and the FY09 actual expenditures, although reduced from previous higer levels, were closer to the FY08 actuals, as one might expect.

			FORM 6								
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED											
Sect. 506(a)(2)(B)(iii)											
STATE: VT											
Total Births by Occurrence:5,957 Reporting Year: 2008											
Type of Screening Tests (A) Receiving at least one Screen (1) No. of Presumptive Positive Positive (B) No. of No. Confirmed Received Treatment (3)											
	No.	%	Screens	Cases (2)	No.	%					
Phenylketonuria	5,904	99.1	9	(0 0						
Congenital Hypothyroidism	5,904	99.1	60		5 5	100					
Galactosemia	5,904	99.1	3		1 1	100					
Sickle Cell Disease	5,904	99.1	1		1 1	100					
Other Screening	(Specify)										
Biotinidase Deficiency	5,904	99.1	1		1 1	100					
Cystic Fibrosis	4,985	83.7	28	2	2 2	100					
Screening Progra	ams for Older Ch	ildren & Wome	n (Specify Tests	by name)							
(1) Use occurrent (2) Report only tho (3) Use number of	se from resident	births.									

In 2008, 100% of VT occurrent births were accounted for: 5904 babies were screened; 13 babies died before screening was possible; the families of 35 infants refused screening; and 5 VT infants were transferred to out-of-state facilities at birth and were subsequently screened in NH, MA or NY.

FIELD LEVEL NOTES

Section Number: Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease Column Name: Confirmed Cases

Year: 2011 Field Note:

Number of presumptive cases (1) in 2008 is equal to the number of confirmed cases (1) of Sickle Cell disease.

Section Number: Form6_Other Screening Types

Field Name: Other Row Name: All Rows Column Name: All Columns

Year: 2011

Field Note:
VT only began screening for Cystic Fibrosis on 3/1/2008. 4,985 infants were screened out of 5,016 VT occurrent births during this period (99.4%). The parents of 31 families refused screening.

While VT screens for all 28 core conditions recommended by ACMG - only those with positive results are reported here.

Number of Individuals Served (Unduplicated) under Title V (BY Class of Individuals and Percent of Health Coverage)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VT

Reporting Year: 2008

	TITLE V		PRIMAR	Y SOURCES OF COV	/ERAGE	
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	7,633	36.2	0.0	43.0	1.8	19.0
Infants < 1 year old	6,588	57.5	3.1	32.7	6.7	0.0
Children 1 to 22 years old	169,137	40.0	4.1	49.2	6.7	0.0
Children with Special Healthcare Needs	4,950	58.2	0.0	37.0	4.8	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	188,308					

None

FIELD LEVEL NOTES

 Section Number: Form7_Main Field Name: PregWomen_XIX Row Name: Pregnant Women Column Name: Title XIX %

Year: 2011 Field Note:

Estimate based on 'Principle Payer' reported on birth certificate.

 Section Number: Form7_Main Field Name: PregWomen_Private Row Name: Pregnant Women Column Name: Private/Other %

Year: 2011 Field Note:

Estimate based on 'Principle Payer' reported on birth certificate.

3. Section Number: Form7_Main Field Name: PregWomen_None Row Name: Pregnant Women Column Name: None %

Year: 2011 Field Note:

Estimate based on 'Principle Payer' reported on birth certificate.

4. Section Number: Form7_Main Field Name: PregWomen_Unknown Row Name: Pregnant Women Column Name: Unknown %

Year: 2011 Field Note:

Includes births reported as 'unknown' 'Principle Payer' reported on birth certificate, plus abortion and fetal deaths for which data is not available.

 Section Number: Form7_Main Field Name: Children_0_1_TS Row Name: Infants <1 year of age Column Name: Title V Total Served

Year: 2011 Field Note:

Total Vermont infants served by Title V in 2008 (Form 7) differs by more than 10% from from total VT occurrent births (Form 6). The number of infants served reflects the 2008 VT population estimate for infants (<1 year old), based on the U.S. Census Bureau American Community Survey intercensal population estimates. Due to the proximity to the State border of birthing hospitals with Level III facilities in NH, MA and NY, approximately 13% of 2008 VT resident births occurred out-of-state.

 Section Number: Form7_Main Field Name: Children_0_1_XIX Row Name: Infants <1 year of age Column Name: Title XIX %

Year: 2011

Field Note:

Estimate based on number of children under 1 years old enrolled in Medicaid at any time during calander year 2008.

 Section Number: Form7_Main Field Name: Children_0_1_XXI Row Name: Infants <1 year of age Column Name: Title XXI %

Year: 2011 Field Note:

Estimate based on number of children under 1 years old enrolled in SCHIP at any time during calander year 2008.

8. Section Number: Form7_Main Field Name: Children_0_1_Private Row Name: Infants <1 year of age Column Name: Private/Other %

Year: 2011 Field Note:

Estimate based on percent of VT children 0-18 reported as uninsured in Kaiser Foundation State Health Facts. Actual data for children under 1 year old is not available.

 Section Number: Form7_Main Field Name: Children_0_1_None Row Name: Infants <1 year of age

Column Name: None %

Year: 2011 Field Note:

Estimate based on percent of VT children 0-18 reported as uninsured in Kaiser Foundation State Health Facts. Actual data for children under 1 year old is not available.

0. Section Number: Form7_Main Field Name: Children_1_22_XIX Row Name: Children 1 to 22 years of age

Column Name: Title XIX %

Year: 2011 Field Note:

Estimate based on number of children 1 - 21 years old enrolled in Medicaid at any time during calander year 2008.

11. Section Number: Form7_Main Field Name: Children_1_22_XXI Row Name: Children 1 to 22 years of age

Column Name: Title XXI %

Year: 2011 Field Note:

Estimate based on number of children 1 - 21 years old enrolled in SCHIP at any time during calander year 2008.

12. Section Number: Form7_Main

Field Name: Children_1_22_Private Row Name: Children 1 to 22 years of age

Column Name: Private/Other %

Year: 2011 Field Note:

Estimate based on percent of VT children 0-18 reported as uninsured in Kaiser Foundation State Health Facts. Actual data for children 1-21 years old is not available.

13. Section Number: Form7_Main Field Name: Children_1_22_None Row Name: Children 1 to 22 years of age

Column Name: None %

Year: 2011 Field Note:

Estimate based on percent of VT children 0-18 reported as uninsured in Kaiser Foundation State Health Facts. Actual data for children 1-21 years old is not available.

14. Section Number: Form7_Main Field Name: AllOthers_TS Row Name: Others

Column Name: Title V Total Served

Year: 2011 Field Note:

There were no individuals in the "others" category for 2008

FORM 8 DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX

XIX
(BY RACE AND ETHNICITY)
[Sec. 506(A)(2)(C-D)]
STATE: VT

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	5,995	5,506	143	21	31	2	0	292
Title V Served	5,995	5,506	143	21	31	2	0	292
Eligible for Title XIX	3,242	2,519	47	3	18	0	0	655
INFANTS								
Total Infants in State	6,584	6,274	164	29	117	0	0	0
Title V Served	6,584	6,274	164	29	117	0	0	0
Eligible for Title XIX	3,901	1,884	56	0	8	0	0	1,953

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPA	ANIC OR LATING	(Sub-categorie	s by country or area o	f origin)
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	5,861	127	7	41	7	33	0	46
Title V Served	5,861	127	7	41	7	33	0	46
Eligible for Title XIX	2,587	26	629	0	0	0	0	26
INFANTS								
Total Infants in State	6,438	146	0	0	0	0	0	146
Title V Served	6,438	146	0	0	0	0	0	146
Eligible for Title XIX	1,948	12	1,941	0	0	0	0	12

Population estimates and reliable vital records birth data for 2009 were unavailable at the time of data submission. They should be available at the end of 2010 (pop estimates) or beginning of 2011 (birth data).

FIELD LEVEL NOTES

Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All Row Name: Total Infants in State Column Name: Total All Races

Year: 2011 Field Note:

Data in Form 8 are based on State resident population estimate, which in turn is based on US Census post-censual population estimates. Occurrent birth data in Form 6 are based on VT Vital Records. Since VT is a small state with only one birthing hospital with a Level III NICU, over 10% of VT resident births take place in NH, MA and NY. There is consequently a sizeable (~10.5%) difference between the number of occurrent births and the resident infant population.

Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All Row Name: Eligible for Title XIX Column Name: Total All Races

Year: 2011 Field Note:

Total includes 63 infants with SCHIP

Section Number: Form8_II. Unduplicated Count by Ethnicity Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State Column Name: Total Hispanic or Latino

Year: 2011 Field Note:

Data broken out by country of Hispanic origin is unavailable

Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2011

Field Note:

Data broken out by country of Hispanic origin is unavailable

Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2011 Field Note:

Total includes 63 infants with SCHIP

Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2011 Field Note:

Data broken out by country of Hispanic origin is unavailable

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL) [Secs. 505(A)(E) AND 509(A)(B)] STATE: VT

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9 STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM [Secs. 505(A)(E) AND 509(A)(B)] STATE: VT

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
State MCH Toll-Free "Hotline" Telephone Number	800-649-HELP	800-649-HELP	800-649-HELP	800-649-HELP	(800) 649-HELP
2. State MCH Toll-Free "Hotline" Name	Help Your Baby Help Yourself	Help Your Baby Help Yourself	Help Your Baby Help Yourself	Help Your Baby, Help Yourself Hotline	Help Your Baby, Help Yourself Hotline
3. Name of Contact Person for State MCH "Hotline"	Debra Wilcox	Deborah Wilcox	Kathleen Keleher	Kathleen Keleher	Kathleen Keleher
Contact Person's Telephone Number	802-863-7333	802-863-7333	802-863-7333	802-863-7333	(802) 863-7333
5. Contact Person's Email	debra.wilcox.ahs.state.vt.	dwilcox@vdh.state.vt.us			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	24,500	24,600	24,544

None

FIELD LEVEL NOTES

Section Number: Form9_Main
 Field Name: calls_2
 Row Name: Number of calls received On the State MCH Hotline This reporting period
 Column Name: FY
 Year: 2009
 Field Note:

Field Note:
Based on estimates of calls to the Help Line and to district offices

FORM 10 TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2011 [SEC. 506(A)(1)]

STATE: VT

1. State MCH Administration:

Title V is administered by the Vermont Department of Health, within the Agency of Human Services. Title V related services include: Direct services: multi disciplinary clinicbased services to CSHN of all ages, immunization services for children with marginal access to preventative health care, collaboration with Chidrens Integrated Services for care coordination and services for pregnant women and young children. Enabling services: outreach, information, and referral and administrative case management for children enrolled in Medicaid, nursing, social work, care coordination, and respite care for CSHN, Medicaid prior authorization of certain medical and dental services (in collaboration with Medicaid and managed care,) primary care medical home support. Population Services: Newborn metabolic and hearing screening, breastfeeding support programs, lead screening. Infrastructure: Statewide interagency and community based health care system and public health planning for the MCH population, including CSHCN.

	Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,694,662
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,180,046
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,066,452
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 4,941,160

9. Most significant providers receiving MCH funds:

10. Individuals served by the Title V Program (Col. A, Form 7)

		Fletcher Allen Health Care
		University of Vermont
		Vermont Family Network
	Ad	dison County Parent Child Center
_	7,633	
_	6,588	
	169,137	
	4,950	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

d. CSHCN e. Others

a. Pregnant Women b. Infants < 1 year old c. Children 1 to 22 years old

Vt CSHCN Program provides direct services at sites accessible around the state. The services are multidisciplinary specialty medical clinics and include the support of wraparound teams, typically nurse and medical social workers. The CSHN programs also have a substantial component of care coordination and outreach, even for families who do not receive services through one of the clinics. Title V provides funding for respite care for CSHN. In partnership with a consortium of Vermont hospitals, the Hearing Outreach Program makes available outpatient hearing screening, performed by a pediatric audiologist, for infants and young children or hard-to-test older children and coordinates universal hearing screening for all newborns. The statewide Healthy Babies Kids and Families program (now CIS out of DCF) provides both direct home visits and enabling services (case management and services system coordination) for pregnant women, infants, and children up to age five who use Medicaid. HBKF is being combined with FITP and Childrens Mental Health services to become a single coordinated system of care. EPSDT sponsored services in school settings have been expanded and target medical and dental health needs. WIC provides nutrition and education services and coordinates closely with other state and local programs.

b. Population-Based Services:

(max 2500 characters)

The state newborn screening program continues to reach a high percent of Vermont newborns. A statewide Fluoride Mouthwash Program continues to be provided in many Vermont schools in regions without fluoridated water systems. In addition, a variety of funds (state and Medicaid) support the development of dental health screening and promotion programs in schools and provider practices. The CSAP-funded State Incentive Cooperative Agreement Grant is providing support to communities for provision of comprehensive, research based programs for tobacco, alcohol and other drug prevention. Statewide population-based services (related to Title V) include reproductive health services, immunization program, genetic services, SUDI prevention program, WIC, EPSDT, tobacco cessation, and lead poisoning prevention.

c. Infrastructure Building Services:

(max 2500 characters)

Title V, in partnership with Part C IDEA funding, continues to expand capacity to provide nutrition services for CSHCN. Collaborations with Parent to Parent and AAP are continuing to expand medical home system (including Bright Futures) for all children, including CSHCN. Healthy Babies Kids and Families, out of DCF, has established a strong collaborative infrastructure in each health district. MCH Coalitions in each region are bringing together primary care, OB/GYN, home health, Parent Child Centers, and other community providers. Vermont has expanded Medicaid coverage to children in families with incomes of up to 300% of poverty and continues with extensive outreach to increase enrollment. Several collaborative efforts are underway to develop infrastructure of coordinated systems for the preventative health, dental, mental health care an other services for children and families: examples of public health issue planning are: birth outcomes, childhood obesity, physical activity, lead poisoning, autism spectrum disorders, breastfeeding, women's health, injury prevention. Collaboration with the ECCS grant funded activities (Building Bright Futures) is designed to establish a statewide system of coordinated early childhood programs.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name Name

Dr. B	Breena Holmes		Dr. Carol Hassler
	MCH Director	Title	CSHN Medical Director
VDH,	108 Cherry St	Address	VDH, 108 Cherry St.
	Burlington	City	Burlington
	VT	State	VT
	05401	Zip	05401
	802-863-7347	Phone	802-865-1324
	802-863-7229	Fax	802-863-7229
breena.holmes@	ahs.state.vt.us	Email	carol.hassler@ahs.state.vt.us
heal	Ithvermont.gov	Web	healthvermont.gov

FORM NOTES FOR FORM 10
None

FIELD LEVEL NOTES

None

TRACKING PERFORMANCE MEASURES [Secs 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)] STATE: VT

Form Level Notes for Form 11

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

ewborn screening programs.				_			
			Objective and Perfor				
	2005	2006	2007	2008	2009		
Annual Performance Objective	99.5	100	100	100	100		
Annual Indicator	100.0	100.0	100.0	100.0			
Numerator	5	7	4	10			
Denominator	5	7	4	10			
Data Source				VT Newborn Screening Program	VT Newborn Screening Program		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)							
Is the Data Provisional or Final?				Final			
		Annual Objective and Performance Data					
	2010	2011	2012	2013	2014		
Annual Performance Objective	100	100	100	100	100		
Annual Indicator Numerator Denominator							

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01 **Row Name:** Column Name: Year: 2009 Field Note:

Data for 2009 are unavailable at the time of submission. They should be available in September 2010.

PERFORMANCE MEASURE # 02						
The percent of children with special health care needs age 0 to 18 year (CSHCN survey)	ars whose families p	oartner in decision i	making at all levels and	are satisfied with the s	services they receive.	
		Annua	al Objective and Perfor	rmance Data		
	2005	2006	2007	2008	2009	
Annual Performance Objective	57.4	6	0 60	65	65	
Annual Indicator	57.4	57.	59.8	59.8	59.8	
Numerator						
Denominator						
Data Source				National Survey CSHCN Chartbook 2005-2006	National Survey CSHCN Chartbook 2005-2006	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	
	Annual Objective and Performance Data					
	2010	2011	2012	2013	2014	
Annual Performance Objective	65	7	0 70	70	70	
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. The 2009 estimate is based on the 2005-2006 survey data, which is the most recent survey available.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. The 2008 estimate is based on the 2005-2006 survey data, which is the most recent survey available.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03						
The percent of children with special health care needs age 0 to 18 who	o receive coordinate	ed, ongoing, compreh	ensive care within a n	nedical home. (CSHCI	N Survey)	
		Annual (Objective and Perfor	mance Data		
	2005	2006	2007	2008	2009	
Annual Performance Objective	56.5	60	60	60	62	
Annual Indicator	56.5	56.5	51.6	51.6	51.6	
Numerator						
Denominator				·	·	
Data Source				National Survey CSHCN Chartbook 2005-2006	National Survey CSHCN Chartbook 2005-2006	
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator						
Is the Data Provisional or Final?				Final	Final	
Annual Objective and Performance Data						
	2010	2011	2012	2013	2014	
Annual Performance Objective	62	65	65	65	65	
Annual Indicator						
Denominator						

1. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. The 2009 estimate is based on the 2005-2006 survey, which is the most recent available.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03. The 2008 estimate is based on the 2005-2006 survey, which is the most recent available.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03 Row Name: Column Name: Year: 2007

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04								
The percent of children with special health care needs age 0 to 18 wh Survey)	ose families have a	dequate private	and/or public in	surance to	pay for the se	ervices the	ey need. (C	SHCN
		<u>Anr</u>	ual Objective	and Perfor	mance Data			
	2005	2006	2007		2008		2009	
Annual Performance Objective	68.7		72	72		72		75
Annual Indicator	68.7	6	88.7	69.4		69.4		69.4
Numerator								
Denominator								
Data Source					National S CSHCN CI 2005-2006	nartbook	National S CSHCN C 2005-2006	hartbook
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)								
Is the Data Provisional or Final?					Final		Final	
			ual Objective	and Perfor				
	2010	2011	2012		2013		2014	
Annual Performance Objective	75		75	75		75		75
Annual Indicator Numerator Denominator								

1. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. The estimate for 2009 is based on 2005-2006 survey data, which are the most recent available.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey. The estimate for 2008 is based on 2005-2006 survey data, which are the most recent available.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05						
Percent of children with special health care needs age 0 to 18 whose Survey)	families report the o	community-	based serv	vice systems are orga	anized so they can use	them easily. (CSHCN
			Annual C	Objective and Perfo	rmance Data	
	2005	2006		2007	2008	2009
Annual Performance Objective	72.7		75	75	92	92
Annual Indicator	72.7		72.7	89.3	89.3	89.3
Numerator						
Denominator						
Data Source					National Survey CSHCN Chartbook 2005-2006	National Survey CSHCN Chartbook 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Final
			Annual C			
	2010	2011		2012	2013	2014
Annual Performance Objective	95		95	95	95	95
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. The 2009 estimate is based on 2005-2006 survey daya, which is the most recent available.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05. The 2008 estimate is based on 2005-2006 survey daya, which is the most recent available.

3. Section Number: Form11_Performance Measure #5

Field Name: PM05 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

e services necessa	ary to make transition	s to all aspects of ad-			
		o to all appools of ad-	alt life, including adult	health care, work,	
	Annual O	bjective and Perform	nance Data		
005	2006	2007	2008	2009	
5.8	7.5	7.5	55	55	
5.8	5.8	52	52	52	
			·		
			National Survey CSHCN CAHMI website 2005-2006	National Survey CSHCN CAHMI website 2005-2006	
			Final	Final	
Annual Objective and Performance Data					
010	2011	2012	2013	2014	
58	58	60	60	60	
	5.8	2006 5.8 7.5 5.8 5.8 Annual O	2006 2007 5.8 7.5 7.5 5.8 5.8 52 Annual Objective and Perform 2010 2011 2012	5.8 7.5 7.5 55 5.8 5.8 52 52 National Survey CSHCN CAHMI website 2005-2006 Final Annual Objective and Performance Data 2010 2011 2012 2013	

1. Section Number: Form11 Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2009 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. The 2009 estimate is based on the 2005-2006 survey, which is the most recent available.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2008 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. The 2008 estimate is based on the 2005-2006 survey, which is the most recent available.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06 Row Name: Column Name: Year: 2007 Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07					
Percent of 19 to 35 month olds who have received full schedule of age Haemophilus Influenza, and Hepatitis B.	e appropriate immur	nizations against Mea	asles, Mumps, Rubella	a, Polio, Diphtheria, Te	etanus, Pertussis,
		Annual	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	80
Annual Indicator	83.2	86.1	79.8	74.4	74.4
Numerator					
Denominator					
Data Source				National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	80	85	85	85	85
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2009 Field Note:

Data for 2009 is an estimate based on the National Immunization Survey and reflects the 4:3:1:3:3 schedule for children 19-35 months in 2008. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable. Data for 2009 had not been published by CDC at the time of submission.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2008 Field Note:

Data from National Immunization Survey reflects the 4:3:1:3:3 schedule for children 19-35 months in 2008. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable.

3. Section Number: Form11_Performance Measure #7

Field Name: PM07 Row Name: Column Name: Year: 2007 Field Note:

Data from National Immunization Survey reflects the 4:3:1:3:3 schedule for children 19-35 months in 2007. Data prior to 2006 was reported for the 4:3:1:3 schedule, and rates are not comparable.

PERFORMANCE MEASURE # 08						
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.						
		Annual Objective and Performance Data				
	2005	2006		2007	2008	2009
Annual Performance Objective	6		6	6	6	7
Annual Indicator	8.1		8.1	8.7	7.4	7.4
Numerator	107		106	113	93	93
Denominator	13,248		13,153	12,971	12,536	12,536
Data Source					VT Vital Records and VT population estimates	VT Vital Records and VT population estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
	2010	2011		2012	2013	2014
Annual Performance Objective	7		7	6	6	6
Annual Indicator						
Numerator Denominator						

1. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2009 Field Note:

Reliable data for 2009 are not available at the time of submission. The 2009 estimate is based on 2008 data. Population estimates for 2009 will be available in November 2010.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2008 Field Note:

Reliable data for 2008 are not available at the time of submission. The 2008 estimate is based on 2007 data. Vital statistics for births in 2007 are preliminary, and are subject to change. Population estimates for 2008 will be available in November 2009.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08 Row Name: Column Name: Year: 2007 Field Note:

Vital statistics for births in 2007 are preliminary, and are subject to change.

PERFORMANCE MEASURE # 09						
Percent of third grade children who have received protective sealants	on at least one perr	nanent molar tooth.				
	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective	69	70	71	72	72	
Annual Indicator	66.3	66.3	66.3	66.3	66.3	
Numerator	271	271	271	271	271	
Denominator	409	409	409	409	409	
Data Source				2003 Screening	2003 Screening	
Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator						
Is the Data Provisional or Final?				Final	Provisional	
	Annual Objective and Performance Data					
	2010	2011	2012	2013	2014	
Annual Performance Objective	72	75	75	75	75	
Annual Indicator Numerator Denominator						

1. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2009 Field Note:

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates there were 2,546 children ages 6-9 years receiving sealants during FFY09. The Medicaid data is not reported as a percentage here due to inability to determine a denominator of Medicaid children of that age group who need sealants.

A new, comparable VT survey was underway at the time of submission, based on a survey tool developed by the Association of State and Territorial Dental Directors and CDC. Results should be available in the Fall of 2010.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2008 Field Note:

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates there were 2,263 children ages 6-9 years receiving sealants during FFY08. The Medicaid data is not reported as a percentage here due to inability to determine a denominator of Medicaid children of that age group who need sealants.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09 Row Name: Column Name: Year: 2007 Field Note:

Data is from a one-time non invasive screening of 1,238 children in grades 1-3 in the year 2002-2003. There has not been another screening conducted since that time. Medicaid data indicates there were 2,227 children ages 6-9 years receiving sealants during FFY07. The Medicaid data is not reported as a percentage here due to inability to determine a denominator of Medicaid children of that age group who need sealants.

PERFORMANCE MEASURE # 10						
The rate of deaths to children aged 14 years and younger caused by	motor vehicle cras	hes per 100,000 (children.			
	Annual Objective and Performance Data					
	2005	2006	2007	2008	2009	
Annual Performance Objective	2		2	2 2	2	
Annual Indicator	4.7					
Numerator	r5					
Denominator	r 106,116	106,	110 104,	674 103,210	103,210	
Data Source	•			Death certificates: VT 2007 population	Death certificates; on VT 2007 population estimates	
Annual Performance Objective Annual Indicator Numerator Denominator Data Source Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final? Annual Performance Objective Annual Indicator Numerator	i 			Yes Yes	Yes_	
Is the Data Provisional or Final?	•			Provisional	Provisional	
	Annual Objective and Performance Data					
	2010	2011	2012	2013	2014	
Annual Performance Objective			2	2 2	2	
Annual Indicator Numerator Denominator	r					

1. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2009 Field Note:

Vital statistics data for VT 2009 deaths - especially deaths occurring out-of-state - and 2009 population estimates are not yet available. Preliminary data should be available by the end of 2010. The 2009 population estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2008 Field Note:

In 2008, 2 children aged 14 or younger died due to motor vehicle crashes* in Vermont, a number below the threashold for which rates are to be calculated. The 3-year average (2006-08) is also less than 5. Vital statistics data for VT 2008 deaths - especially deaths occurring out-of-state - are preliminary.

3. Section Number: Form11_Performance Measure #10

Field Name: PM10 Row Name: Column Name: Year: 2007 Field Note:

In 2007, 3 children aged 14 or younger died due to motor vehicle crashes in Vermont, a number below the threashold for which rates are to be calculated. The 3-year average (2005-07) is also less than 5. Vital statistics data for VT 2007 deaths - especially deaths occurring out-of-state - are preliminary.

^{*} Traffic accidents only reported. There was one additional death in 2008 due to an off-road ATV accident.

PERFORMANCE MEASURE # 11							
The percent of mothers who breastfeed their infants at 6 months of ag	je.						
	Annual Objective and Performance Data						
	2005	2006		2007	2008	2009	
Annual Performance Objective			45	60	60	60	
Annual Indicator	42.9		55.3	53.8	59.5	59.5	
Numerator							
Denominator							
Data Source					National Immunization Survey - 2006	National Immunization Survey - 2006	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)							
Is the Data Provisional or Final?					Provisional	Provisional	
		Annual Objective and Performance Data					
	2010	2011		2012	2013	2014	
Annual Performance Objective	60		65	65	65	65	
Annual Indicator							
Numerator							
Denominator							

1. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2009 Field Note:

The 2009 rate is an estimate based on the provisional 2006 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2009, 2008, 2007 and 2006 rates are therefore not comparable with 2005.

2. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2008 Field Note:

The 2008 rate is an estimate based on the provisional 2006 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2008, 2007 and 2006 rates are therefore not comparable with 2005.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11 Row Name: Column Name: Year: 2007

The 2007 rate is an estimate based on the 2005 rate from the National Immunization Survey. The numerator and denominator were not reported. In July 2007, CDC revised the way that breastfeeding rates were calculated, which are now based on year of child's birth. The 2007 and 2006 rates are therefore not comparable with 2005.

PERFORMANCE MEASURE # 12					
Percentage of newborns who have been screened for hearing before	hospital discharge.				
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	97	97	98	98	98
Annual Indicator	96.1	96.0	96.3	95.5	95.5
Numerator	5,755	5,719	5,861	5,572	5,572
Denominator	5,986	5,955	6,088	5,832	5,832
Data Source				VT Universal Newborn Hearing Screening Program	VT Universal Newborn Hearing Screening Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	98	98	98	98	98
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2009 Field Note:

Hearing screening data for 2009, together with an estimate of the number of occurrent hospital births, were not available at the time of submission. They will be available in January 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2008 Field Note:

Since this performance measure relates to infants screened before discharge from hospital, only births that occurred in VT hospitals are included in the denominator.

In addition to the 5,572 infants screened before discharge from hospital, 3 home births were screened and 167 infants were followed up and screened after discharge. Overall, 5,742 babies were screened out of a total of 5,957 occurrent births, or a statewide screening rate of 96.4%.

3. Section Number: Form11_Performance Measure #12

Field Name: PM12 Row Name: Column Name: Year: 2007

Since this performance measure relates to infants screened before discharge from hospital, only births that occurred in VT hospitals are included in the denominator. Vital statistics data for 2007 VT occurrent births remain preliminary at the time of submission.

PERFORMANCE MEASURE # 13					
Percent of children without health insurance.					
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	3	2	2	2	6
Annual Indicator	5.7	6.9	8.5	6.7	6.7
Numerator	8,250	9,822	11,700	9,100	9,100
Denominator	143,960	143,384	137,750	135,800	135,800
Data Source				Kaiser Foundation, State Health Facts	Kaiser Foundation, State Health Facts
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
			Objective and Perfor		
	2010	2011	2012	2013	2014
Annual Performance Objective	6	5	5	5	5
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2009 Field Note:

Insurance data are unavailable for 2009. They are expected to be published by Kaiser Foundation in March, 2011. The 2009 estimate is based on 2008 data.

3) In 2005, 2008 and 2009, the Vermont Banking, Insurance, Securities and Health Care Administration (BISHCA) carried out a Vermont Household Health Insurance Survey of children 0-17 years old. In 2005, the survey found that 4.9% of VT children (0-17) were uninsured; in 2008 2.9%; and in 2009 2.8% were uninsured. While the age groups used for the two data sources are slightly different, the BISHCA findings appear to be at variance with the Kaiser reports for 2005 and 2008.

2. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2008 Field Note:

1) Insurance data for VT are reported from Kaiser Family Foundation State Health Facts. For consistency, the total population estimate reported by Kaiser is used for the denominator even though this number is at variance with the VT population estimate used elsewhere.

2) It should be noted that the age range reported here is 0-18 yrs, not <18 yrs as originally defined for the numerator and denominator.

3) In 2005, 2008 and 2009, the Vermont Banking, Insurance, Securities and Health Care Administration (BISHCA) carried out a Vermont Household Health Insurance Survey of children 0-17 years old. In 2005, the survey found that 4.9% of VT children (0-17) were uninsured; in 2008 2.9%; and in 2009 2.8% were uninsured. While the age groups used for the two data sources are slightly different, the BISHCA findings appear to be at variance with the Kaiser reports for 2005 and 2008.

3. Section Number: Form11_Performance Measure #13

Field Name: PM13 Row Name: Column Name: Year: 2007 Field Note:

- 1) Insurance data for VT are reported from Kaiser Family Foundation State Health Facts. For consistency, the total population estimate reported by Kaiser is used for the denominator even though this number is at variance with the VT population estimate used elsewhere.
- 2) It should be noted that the age range reported here is 0-18 yrs, not <18 yrs as originally defined for the numerator and denominator.
- 3) In 2005, 2008 and 2009, the Vermont Banking, Insurance, Securities and Health Care Administration (BISHCA) carried out a Vermont Household Health Insurance Survey of children 0-17 years old. In 2005, the survey found that 4.9% of VT children (0-17) were uninsured; in 2008 2.9%; and in 2009 2.8% were uninsured. While the age groups used for the two data sources are slightly different, the BISHCA findings appear to be at variance with the Kaiser reports for 2005 and 2008.

ERFORMANCE MEASURE # 14	. D. I. Marrila I	(DMI) - (054		
ercentage of children, ages 2 to 5 years, receiving WIC services with	a Body Mass Ind	ex (BMI) at (•	Data	
	2005	2006	Annuai C	bjective and Perfor 2007	2008	2009
Annual Performance Objective			30	30	25	25
Annual Indicator	30.1		28.7	29.6	29.6	29.6
Numerator						
Denominator						
Data Source					CDC Pediatric Nutrition Surveillance Report - 2008	CDC Pediatric Nutrition Surveillance Repo - 2008
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional
			Annual O	bjective and Perfor		
	2010	2011		2012	2013	2014
Annual Performance Objective	25		22	22	22	22
Annual Indicator						
Numerator Denominator						

1. Section Number: Form11_Performance Measure #14 Field Name: PM14

Field Name: PN Row Name: Column Name: Year: 2009 Field Note:

2009 data from the Pediatric Nutrition Surveillance Survey was unavailable at the time of submission. An estimate is provided based on 2008 data published by CDC.

2. Section Number: Form11_Performance Measure #14

Field Name: PM14 Row Name: Column Name: Year: 2008 Field Note:

The 2008 data from the Pediatric Nutrition Surveillance System has been updated in 2010.

3. Section Number: Form11_Performance Measure #14 Field Name: PM14

Field Name: PM1 Row Name: Column Name: Year: 2007 Field Note:

The 2006 data has been updated to reflect the value of 28.7%. The 2007 data from CDC's Pediatric Nutrtion Surveillance Survey is not available at this writing.

PERFORMANCE MEASURE # 15					
Percentage of women who smoke in the last three months of pregnand	cy.				
			Objective and Perfor		
	2005	2006	2007	2008	2009
Annual Performance Objective		16	14	14	14
Annual Indicator	16.8	14.8	15.8	17.0	17.0
Numerator	1,090	937	996	1,050	1,050
Denominator	6,497	6,320	6,316	6,161	6,161
Data Source	ı.			VT Vital Records birth certificate data	VT Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! !				
Is the Data Provisional or Final?				Final	Provisional
		<u>Annual</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	12	10	10	10	10
Annual Indicator Numerator					
Denominator					

Section Number: Form11_Performance Measure #15
 Field Name: PM15

Field Name: PM Row Name: Column Name: Year: 2009 Field Note:

Vital statistics data for 2009 VT births were unavailable at the time of submission. Preliminary 2009 data should be available in January 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #15 Field Name: PM15

Field Name: PM15 Row Name: Column Name: Year: 2007 Field Note:

Field Note:
Vital statistics data for 2007 VT births are preliminary.

PERFORMANCE MEASURE # 16						
The rate (per 100,000) of suicide deaths among youths aged 15 through	gh 19.					
		<u>A</u> 1	nual Objec	tive and Perfor	mance Data	
	2005	2006	200	07	2008	2009
Annual Performance Objective	8		7	4	4	3
Annual Indicator						
Numerator						
Denominator	45,801	46	6,163	45,733	45,231	45,231
Data Source						
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Yes	Yes	Yes
Is the Data Provisional or Final?					Final	Provisional
		Aı	nual Objec	tive and Perfor	mance Data	
	2010	2011	20	12	2013	2014
Annual Performance Objective	3		3	3	3	3
Annual Indicator Numerator Denominator			_			

1. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2009 Field Note:

Vital statistics data for 2009 VT deaths -- especially out-of-state deaths -- are currently incomplete. Preliminary data will be available in January 2011. Population estimates for 2009 will be available in December 2010.

The 2009 estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16 Row Name: Column Name: Year: 2008 Field Note:

Four suicide deaths were reported in 2008, which is below the minimum numerator size for reporting. The 3-year average (2006-2008) was also less than 5.

3. Section Number: Form11_Performance Measure #16 Field Name: PM16

Field Name: PM Row Name: Column Name: Year: 2007 Field Note:

Only three deaths were reported in 2007, which is below the minimum numerator size for reporting. The 3-year average (2005-2007) was also less than 5. Vital statistics death records for 2007 VT deaths remain preliminary at the time of submission.

PERFORMANCE MEASURE # 17					
Percent of very low birth weight infants delivered at facilities for high-ri	isk deliveries and ne	eonates.			
			Objective and Perfor		
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	95	95	95
Annual Indicator	86.3	79.3	92.3	91.0	91.0
Numerator	63	69	60	61	61
Denominator	73	87	65	67	67
Data Source				VT Vital Records birth certificate data	VT Vital Records birth certificate data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator Numerator Denominator					

1. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2009 Field Note:

Vital statistics data for 2009 VT births were incomplete at the time of submission. Preliminary data will be available in January 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2008 Field Note:

Level III neonatal facilities where VT resident very low birthweight babies were born in 2008 included Fletcher Allen Health Care (VT), Dartmouth Hitchcock Medical Center (NH), Albany Medical Center (NY) and St. Peter's Hospital (NY).

3. Section Number: Form11_Performance Measure #17

Field Name: PM17 Row Name: Column Name: Year: 2007 Field Note:

Vital statistics data for 2007 VT births remain prliminary at the time of submission.

Level III neonatal facilities where very low birthweight babies were born in 2007 included Fletcher Allen Health Care (VT) and Dartmouth Hitchcock Medical Center (NH).

PERFORMANCE MEASURE # 18					
Percent of infants born to pregnant women receiving prenatal care be	ginning in the first tr	imester.			
		Annual (Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	92	92	93	94	95
Annual Indicator	89.5	89.4	89.5	89.0	89.0
Numerator	5,386	5,442	5,352	5,094	5,094
Denominator	6,015	6,084	5,982	5,721	5,721
Data Source				VT Vital Records birth certificate data	VT Vital Records birth certificate data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

1. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2009 Field Note:

Vital statistics data for 2009 VT births were unavailable at the time the report was submitted. Preliminary 2009 data should be available in January 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2008 Field Note:

For continuity, and to permit comparison with earlier years the NCHS pre- 2003 definition of month prenatal care began was used. When calculated using the new definition of month prenatal care began, 82.5 percent of infants were born in 2008 to women receiving prenatal care in the first trimester,

3. Section Number: Form11_Performance Measure #18

Field Name: PM18 Row Name: Column Name: Year: 2007 Field Note:

Vital statistics data for 2007 VT births were preliminary at the time the report was submitted.

For continuity, and to permit comparison with earlier years the NCHS pre- 2003 definition of month prenatal care began was used. 83.4 percent of infants were born in 2007 to women receiving prenatal care in the first trimester, calculated using the new definition of month prenatal care began.

FORM 11

TRACKING PERFORMANCE MEASURES [SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: VT

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percent of Vermont women who indicate that their pregnancies are intended.

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective		70	70	73	73			
Annual Indicator	67.6	63.2	66.0	65.5	65.5			
Numerator	4,271	3,929	4,128	3,928	3,928			
Denominator	6,314	6,217	6,253	6,001	6,001			
Data Source				VT PRAMS Survey - 2008	VT PRAMS Survey - 2008			
Is the Data Provisional or Final?				Final	Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 73 73 75 75 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2009 Field Note:

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The 2009 estimate is based on 2008 PRAMS survey data. Actual data for 2009 were not available at the time of reporting. They will be available in 2011.

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2008 Field Note:

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2008 estimate is based on 2008 PRAMS survey data.

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2007

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2007 estimate is based on 2007 PRAMS survey data.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The percent of licensed child care centers serving children age birth to five who have on-site consultation.

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		60	60	63	63		
Annual Indicator	57.3	18.4	16.2	16.2	16.2		
Numerator	243	75	66	66	66		
Denominator	424	408	408	408	408		
Data Source Is the Data Provisional or Final?				Program data Final	Program data Provisional		

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	65	65	65	· -	65

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2009 Field Note:

SPM 2 is designed to measure the percent of on-site visits by child care health consultants - which is reported here as 66 visits with 10 out of 12 districts reporting. Due to staffing shortages, other methods of child care health consultation are being emphasized in addition to site visits, such as phone visits and regional inservice sessions. In 2008, due to budget and staffing cuts, the capacity to carryout this program's activities was severly hampered. Thus, the data reported is the data for 2007. Evaluation of program capacity and appropriateness of the SPM for the next year is presently taking place.

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2008 Field Note:

SPM 2 is designed to measure the percent of on-site visits by child care health consultants - which is reported here as 66 visits with 10 out of 12 districts reporting. Due to staffing shortages, other methods of child care health consultation are being emphasized in addtion to site visits, such as phone visits and regional inservice sessions. In 2008, due to budget and staffing cuts, the capacity to carryout this program's activities was severly hampered. Thus, the data reported is the data for 2007. Evaluation of program capacity and appropriateness of the SPM for the next year is presently taking place.

Section Number: Form11_State Performance Measure #2

Field Name: SM2 **Row Name:** Column Name: Year: 2007 Field Note:

SPM 2 is designed to measure the percent of on-site visits by child care health consultants - which is reported here as 66 visits with 10 out of 12 districts reporting. Due to staffing shortages, other methods of child care health consultation are being emphasized in addtion to site visits, such as phone visits and regional inservice sessions.

STATE PERFORMANCE MEASURE #3 - REPORTING YEAR

The percent of youth who do not binge drink on alcoholic beverages.

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective	·	80	82	82	85		
Annual Indicator	78.6	78.6	77.0	77.0	79.7		
Numerator	31,347	31,347	29,744	29,744	29,357		
Denominator	39,891	39,891	38,641	38,641	36,839		
Data Source	•			YRBS Survey - 2007	YRBS Survey - 2009		
Is the Data Provisional or Final?	•			Final	Final		

Annual Objective and Performance Data

2010 2011 2012 2013 2014 85 85 85 85 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2009 Field Note:

Weighted data for 2009 are based on a YRBS survey carried out in the same year.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3 **Row Name:** Column Name: Year: 2008 Field Note:

The YRBS survey is carried out biennially. The estimate for 2008 is based on a YRBS survey carried out in 2007. .

3. Section Number: Form11_State Performance Measure #3

Field Name: SM3 **Row Name:** Column Name: Year: 2007 Field Note:

Weighted data for 2007 are based on a YRBS survey carried out in the same year.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

	Annual (Objective and Perfor	mance Data	
2005	2006	2007	2008	2009
	34	35	35	38
33.5	33.5	35.0	35.0	33.1
37,726	37,726	38,680	38,680	34,126
112,736	112,736	110,600	110,600	103,223
			BRFSS Survey - 2007	BRFSS Survey - 2009
			Final	Final
	37,726	2005 2006 34 33.5 33.5 37,726 37,726	2005 2006 2007 34 35 33.5 33.5 35.0 37,726 37,726 38,680	34 35 35 33.5 33.5 35.0 35.0 37,726 37,726 38,680 38,680 112,736 112,736 110,600 110,600 BRFSS Survey - 2007

Annual Objective and Performance Data 2010 2011 2012 2013 2014 38 38 38 38 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2009 Field Note:

Weighted data based on 2009 BRFSS survey of VT women 18-44 years. Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

Section Number: Form11_State Performance Measure #4

Field Name: SM4 **Row Name:** Column Name: Year: 2008 Field Note:

The 2008 estimate is based on 2007 BRFSS survey of VT women 18-44 years. The BRFSS fruit and vegetable survey questions are only asked in Vermont every other year. Weighted data for 2009 will be available in February 2010.

Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

Section Number: Form11_State Performance Measure #4

Field Name: SM4 **Row Name:** Column Name: Year: 2007 Field Note:

Weighted data based on 2007 BRFSS survey of VT women 18-44 years. Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR The percent of youth who feel like they matter to people. **Annual Objective and Performance Data** 2005 2006 2007 2008 2009 50 **Annual Performance Objective** 45 48 48 **Annual Indicator** 44.6 44.6 47.4 47.4 46.5 17,630 17,630 18,192 18,192 16,262 Numerator 38,355 34,936 39,538 39,538 38,355 Denominator YRBS Survey -YRBS Survey -**Data Source** 2007 2009 Is the Data Provisional or Final? Final Final **Annual Objective and Performance Data** 2010 2011 2012 2013 2014

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Annual Performance Objective

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

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Field Level Notes

1. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2009 Field Note:

Weighted population estimate based on YRBS survey carried out in 2009.

Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2008 Field Note:

The YRBS survey is carried out biennially. Data for 2008 is based on the weighted population estimate from the YRBS survey carried out in 2007.

Section Number: Form11_State Performance Measure #5

Field Name: SM5 **Row Name:** Column Name: Year: 2007 Field Note:

Weighted population estimate based on YRBS survey carried out in 2007.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The percent of Vermont towns (population of 2,000 or more) who have at least one organized physical activity program in place that is open to all and promoted as a family

		Annual Objective and Performance Data							
	2005	2006	2007	2008	2009				
Annual Performance Objective		35	40	40	45				
Annual Indicator	40.7	40.7	40.7	40.7	40.7				
Numerator	35	35	35	35	35				
Denominator	86	86	86	86	86				
Data Source Is the Data Provisional or Final?				Program data Final	Program data Provisional				

Annual Objective and Performance Data 2010 2011 2012 2013 2014 50 50 50 50 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #6

Field Name: SM6 **Row Name:** Column Name: Year: 2009 Field Note:

This objective has been aligned with VDH process of coordinating community based prevention efforts concentrating on program implementation. Recently the emphasis has changed to support ing a broad public health planning process that includes needs assessment and evaluation in addition to implementation. Thus data for this measure is no longer being gathered. An appropriate new measure will be considered for the 2010 TV Strengths and Needs Assessment.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 **Row Name:** Column Name: Year: 2008 Field Note:

This objective has been aligned with VDH process of coordinating community based prevention efforts concentrating on program implementation. Recently the emphasis has changed to support ing a broad public health planning process that includes needs assessment and evaluation in additon to implementation. Thus data for this measure is no longer being gathered. An appropriate new measure will be considered for the 2010 TV Strengths and Needs Assessment.

Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2007 Field Note:

This objective has been aligned with VDH process of coordinating community based prevention efforts concentrating on program implementation. Recently the emphasis has changed to support ing a broad public health planning process that includes needs assessment and evaluation in addition to implementation. Thus data for this measure is no longer being gathered. An appropriate new measure will be considered for the 2010 TV Strengths and Needs Assessment.

STATE PERFORMANCE MEASURE #7 - REPORTING YEAR

The percent of children with SSI who receive an annual care plan.

	Annual Objective and Performance Data								
	2005	2006	2007	2008	2009				
Annual Performance Objective		13	14	14	15				
Annual Indicator	12.6	12.3	11.2	9.0	8.8				
Numerator	193	203	177	150	148				
Denominator	1,537	1,644	1,585	1,666	1,685				
Data Source				VT Medicaid Claims data	VT Medicaid Claims data				
Is the Data Provisional or Final?				Final	Provisional				

Annual Objective and Performance Data

2010 2011 2012 2013 2014 15 15 15 15 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #7

Field Name: SM7 Row Name: Column Name: Year: 2009 Field Note:

Medicaid claims data used for this measure is from Federal fiscal year 2009.

2. Section Number: Form11_State Performance Measure #7

Field Name: SM7 Row Name: Column Name: Year: 2008 Field Note:

Medicaid claims data used for this measure is from Federal fiscal year 2008.

3. Section Number: Form11_State Performance Measure #7

Field Name: SM7 **Row Name:** Column Name: Year: 2007 Field Note:

The data for 2006 were updated to reflect more complete information.

STATE PERFORMANCE MEASURE #8 - REPORTING YEAR

The percent of low income children (with Medicaid) who utilize dental services in a year.

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective	52	52	54	54	55			
Annual Indicator	49.1	49.2	52.9	50.0	52.8			
Numerator	36,413	36,376	30,321	29,584	33,322			
Denominator	74,140	73,886	57,307	59,170	63,141			
Data Source Is the Data Provisional or Final?				CMS-416 report Final	CMS-416 report Provisional			

Annual Objective and Performance Data

2010	201	1 2012	2013	2014	
Annual Performance Objective	55	55	55	55	

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2009 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2008 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

3. Section Number: Form11_State Performance Measure #8

Field Name: SM8 **Row Name:** Column Name: Year: 2007 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

The percent of children with emotional, developmental, or behavioral problems that require treatment or counseling who received needed mental health services in the past

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective		72	72	73	74			
Annual Indicator	70.0	70.0	69.3	69.3	69.3			
Numerator	7,956	7,956	8,438	8,438	8,438			
Denominator	11,371	11,371	12,172	12,172	12,172			
Data Source				National Survey Children's Health, CAHMI website	National Survey Children's Health, CAHMI website			
Is the Data Provisional or Final?				Final	Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 75 75 75 75 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2009 Field Note:

The most recent NSCH survey was carried out in 2007. The estimate for 2009 is based on data collected in 2007.

Section Number: Form11_State Performance Measure #9

Field Name: SM9 **Row Name:** Column Name: Year: 2008 Field Note:

These data are derived from a NSCH survey that was carried out in 2007. The estimate for 2008 is data collected in the previous year. Provisional 2007 data have been revised accordingly to reflect the most recent survey data.

Section Number: Form11_State Performance Measure #9

Field Name: SM9 Row Name: Column Name: Year: 2007 Field Note:

These data were revised to reflect information collected in the most recent NSCH survey carried out in 2007.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

The percent of one year old children who are screened for blood lead poisoning.

		Annual Objective and Performance Data						
	2005	2006	2007	2008	2009			
Annual Performance Objective		80	82	82	83			
Annual Indicator	75.1	77.5	84.6	78.6	79.6			
Numerator	5,119	5,209	5,249	5,287	5,349			
Denominator	6,818	6,721	6,203	6,723	6,723			
Data Source				Lead sreening Program	Lead sreening Program			
Is the Data Provisional or Final?				Final	Provisional			

Annual Objective and Performance Data

2010 2011 2012 2013 2014 84 85 90 **Annual Performance Objective**

Annual Indicator Future year objectives for state performance measures from needs assessment period 2006-2010 are Numerator view-only. If you are continuing any of these measures in the new needs assessment period, you may Denominator establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. Section Number: Form11_State Performance Measure #10

Field Name: SM10 **Row Name:** Column Name: Year: 2009 Field Note:

In 2008, the Vermont Child Lead Screening program changed the method used to calculate the numerator for this measure. Previous calculations were found to have undercounted the number of children screened. The rate for 2008 and 2009 should not be compared directly to previously published rates for the earlier years. Comparable rate calculations for 2005 through 2006 are 77.2% and 79.3%, respectively. The 2009 rate is based on the population estimate for 2008, and should be considered provisional.

Section Number: Form11_State Performance Measure #10

Field Name: SM10 **Row Name:** Column Name: Year: 2008 Field Note:

In 2008, the Vermont Child Lead Screening program changed the method used to calculate the numerator for this measure. Previous calculations were found to have undercounted the number of children screened. Comparable rate calculations for 2005 through 2007 are 77.2%, 79.3% and 84.6%, respectively. The rate for 2008 should not be compared directly to previously published rates for the earlier years.

Section Number: Form11_State Performance Measure #10

Field Name: SM10 Row Name: Column Name: Year: 2007 Field Note:

The apparent 'spike' in screening rates in 2007 may be, in large part, an artifact due to a lower than expected 2007 population estimate for VT 1 year olds, published by the Census Bureau. The increase in rates was not due to a larger number of children screened in the numerater, but rather was due to a smaller population estimate in the

The 2007 rate has been revised in 2009. Previous calculations were found to have undercounted the number of children screened. Comparable rate calculations for 2005 through 2006 are 77.2% and 79.3% respectively. The rate for 2007 should not be compared directly to previously published rates for the earlier years.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [Secs 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: VT

Form Level Notes for Form 12

OUTCOME MEASURE # 01					
The infant mortality rate per 1,000 live births.					
		Annu	ıal Objective and Perfo	rmance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	5.4	5	5.2 5	5	5
Annual Indicator	6.5	5	5.5 5.1	4.6	4.6
Numerator	42		36 33	29	29
Denominator	6,475	6,5	10 6,514	6,341	6,341
Data Source				VT birth and death certificates	VT birth and death certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional
		Annu	al Objective and Perfo	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	4.9	4	.9 4.8	4.8	4.8
Annual Indicator Numerator Denominator	Please fill in only the not required for future		he above years. Numera	ator, Denominator and	Annual Indicators are

Field Level Notes

Section Number: Form12_Outcome Measure 1
 Field Name: OM01
 Row Name:

Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. The 2009 estimate is based on 2008 data.

OUTCOME MEASURE # 02						
The ratio of the black infant mortality rate to the white infant mortality r	rate.					
		<u> </u>	nnual Objective and	Perform	nance Data	
	2005	2006	2007		2008	2009
Annual Performance Objective						
Annual Indicator						
Numerator						
Denominator						
Data Source					VT birth and death certificates	VT birth and death certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				Yes	Yes	Yes
Is the Data Provisional or Final?					Final	Provisional
		Ā	Annual Objective and	Perform	nance Data	
	2010	2011	2012		2013	2014
Annual Performance Objective	1		1	1	1	1
	Please fill in only the not required for futu		for the above years. N	lumerato	r, Denominator and a	Annual Indicators are
Denominator						

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02 Row Name: Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. The 2009 estimate is based on 2008 data.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02 Row Name: Column Name: Year: 2008 Field Note:

In 2008, there was one black infant death, or an average of one death per year over a three year period (2006-2008). This number is below the threshold for which rates are calculated.

3. Section Number: Form12_Outcome Measure 2 Field Name: OM02

Field Name: ON Row Name: Column Name: Year: 2007 Field Note:

In 2007, there was one black infant death, or an average of one death per year over a three year period (2005-2007). This number is below the threshold for which rates are calculated.

OUTCOME MEASURE # 03					
The neonatal mortality rate per 1,000 live births.					
			Objective and Perfor		
	2005	2006	2007	2008	2009
Annual Performance Objective	3.5	3.4	3.4	3.4	3
Annual Indicator	4.0	3.1	3.1	3.2	3.2
Numerator	26	20	20	20	20
Denominator	6,475	6,510	6,514	6,341	6,341
Data Source				VT birth and death certificates	VT birth and death certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		<u>Annual</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	3	2.8	2.8	2.8	2.8
	Please fill in only th		above years. Numerat	tor, Denominator and A	Annual Indicators a

1. Section Number: Form12_Outcome Measure 3
Field Name: OM03

Field Name: OMO Row Name: Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. The 2009 estimate is based on 2008 data.

2. Section Number: Form12_Outcome Measure 3 Field Name: OM03

Field Name: OM Row Name: Column Name: Year: 2008 Field Note:

Updated in 2010. Vital Statistics death data for 2008 were provisional at the time of submission.

OUTCOME MEASURE # 04					
The postneonatal mortality rate per 1,000 live births.					
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	1	1	1
Annual Indicator	1.5	2.1	2.3	2.0	2.0
Numerator	29	42	45	38	38
Denominator	19,661	19,582	19,499	19,365	19,365
Data Source				VT birth and death certificates	VT birth and death certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator Numerator Denominator	Please fill in only t not required for ful		above years. Numera	tor, Denominator and <i>i</i>	Annual Indicators are

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04 Row Name: Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. The 2009 estimate is based on 2008 data.

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04 Row Name: Column Name: Year: 2008 Field Note:

There were 9 VT postneonatal deaths in 2008. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2006, 2007 and 2008 in both numerator and denominator.

Vital Statistics death data for 2008 were provisional at the time of submission.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04 Row Name: Column Name: Year: 2007 Field Note:

There were 13 VT postneonatal deaths in 2007. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, the data presented here are three year averages, using in this case the summed data for 2005, 2006 and 2007 in both numerator and denominator.

OUTCOME MEASURE # 05					
The perinatal mortality rate per 1,000 live births plus fetal deaths.					
			Objective and Perfor		
	2005	2006	2007	2008	2009
Annual Performance Objective	7.3	6	6	5.5	4
Annual Indicator	4.9	4.3	4.1	6.1	6.1
Numerator	32	28	27	39	39
Denominator	6,488	6,524	6,525	6,363	6,363
Data Source				VT birth and death certificates	VT birth and death certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	4	4	4	4	4
Annual Indicator Numerator	Please fill in only th		above years. Numera	tor, Denominator and	Annual Indicators are
Denominator		, 50 00.0.			

1. Section Number: Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. The 2009 estimate is based on 2008 data.

2. Section Number: Form12_Outcome Measure 5 Field Name: OM05

Row Name: Column Name: Year: 2008 Field Note:

Vital statistics death data for 2008 were provisional at the time of submission.

OUTCOME MEASURE # 06					
The child death rate per 100,000 children aged 1 through 14.					
			Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	17	15	15	14.5	14
Annual Indicator	26.1	18.5	16.7	15.2	15.2
Numerator	26	56	50	45	45
Denominator	99,696	302,107	298,687	295,613	295,613
Data Source				Death certificates; VT 2007 population estimates	Death certificates; VT 2007 population estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)	! !				
Is the Data Provisional or Final?				Final	Provisional
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	14	14	14	14	14
Annual Indicator Numerator	Please fill in only th		above years. Numera	tor, Denominator and A	Annual Indicators are

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2009 Field Note:

Vital Statistics data for 2009 were unavailable at the time of submission. They should be available in January 2011 The 2009 estimate is based on 2008 data.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2008 Field Note:

There were 14 VT deaths of children 1-14 years old in 2008. Three year averages for 2006-2008 are provided.

Denominator

Vital Statistics death data for 2008 were preliminary at the time of submission.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06 Row Name: Column Name: Year: 2007 Field Note:

There were 12 VT deaths of children 1-14 years old in 2007. Three year averages for 2005-2007 are provided.

FORM 12 TRACKING HEALTH OUTCOME MEASURES [SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: VT

Form Level Notes for Form 12

None

CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS STATE: VT 1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate. 3 2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups. 3 3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process. 2 4. Family members are involved in service training of CSHCN staff and providers. 2 5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member). 3 6. Family members of diverse cultures are involved in all of the above activities. 1 Total Score: 14 Rating Key 0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

FORM NOTES FOR FORM 13

FIELD LEVEL NOTES

None

None

FORM 14 LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VT FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

- 1. Pregnant women and young children thrive.
- 2. Children live in stable and supported families.
- 3. Youth choose healthy behaviors and thrive.
- 4. Women lead healthy and productive lives.
- 5. Youth successfully transition to adulthood.
- 6. Communities provide safety and support for families.
- 7. All children, including CSHCN, receive continuous and comprehensive health care within a medical home.
- 8. All children receive continuous and comprehensive oral health care within a dental home.
- 9. Children and families are emotionally healthy.
- 10. Children and families live in healthy environments.

FORM NOTES FOR FORM 14
None

FIELD LEVEL NOTES

None

FORM 15 TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VT APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Request TA on evaluation of home visitng programs to assist with implementation of ACA evidenced based home visiting program	We plan to RFP the HV evaluation component - need awareness of elements of a good evaluation model for HV programs.	university based school of Public Health
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:			
	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		
If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here:		

FORM NOTES FOR FORM 15
None

FIELD LEVEL NOTES

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: VT

SP(Reporting Year) #__ PERFORMANCE MEASURE: STATUS: GOAL

DEFINITION

The percent of Vermont women who indicate that their pregnancies are intended.

To increase the percent of women whose pregnancies are intended.

The percent of Vermont PRAMS respondents (Vermont resident births occurring in either Vermont or New Hampshire) who respond to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Numerator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Denominator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?'

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related Objective 9-3: Increase the proportion of females at risk of unwanted pregnancy (and their p Target: 100%. Baseline: 93% of females aged 15-44 at risk of unwanted pregnancy used contraception in 1995. Related Objective 9-4:Reduce the proportion of females experiencing pregnancy despite use of a rever Target: 7%. Baseline: 13% of females experienced pregnancy despite use of a reversible contraceptive method.

DATA SOURCES AND DATA ISSUES

PRAMS Question: "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" And

responded "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

SIGNIFICANCE

According to data from the National Survey of Family Growth (NSFG), in the United States, approximately half of all pregnancies across the age spectrum are "unintended" and may be associated with social, economic, and medical costs. Although a pregnancy may be reported as unintended, most children at birth are welcomed and nurtured. However, the social costs of unintended births can include reduced educational attainment and employment opportunity, greater dependence on welfare, and increased potential for child abuse and neglect, with a greater impact noted for adolescent mothers. In general, women who lack preparedness for pregnancy are less likely to receive timely prenatal care, and their infants are more likely to lack sufficient resources for healthy development (Healthy People 1010 Progress Review, Family Planning, December, 2004.)

SP(Reporting Year) # ______2

PERFORMANCE MEASURE: The percent of licensed child care centers serving children age birth to five who have on-site consultation.

STATUS: Active

GOAL To support children to thrive within families by enhancing early education system which is defined broadly to indicate collaboration with MCH and public health.

DEFINITION The number of center-based child care providers licensed by the Department of Children and Families who serve children aged birth through six years that receive and least one visit annually from a child health care consultant.

Numerator:
Number of licensed center-based facilities that serve children under six years of age who have received a visit from a child care health consultant in the past year.

Denominator:
Licensed center-based facilities that serve any child under six years of age.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE N/A

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Data, including the denominator, is available from the Vermont Department for Children and Families, Child Development Division. Although there are a variety of systems that can be accessed for basic data for this measure's numerator, there is not yet a fully automated statewide system for entry and retrieval of data related to activity of Child Health Care Consultants. Over the next few years, a more comprehensive system will be developed. The data for the denominator is available from the Child Development Division's Building Bright Futures data system (public portal available at www.brightfuturesinfo.org.)

To be able to measure the link between comprehensive early childhood systems and the strengthening of assets in young children and families. A strong system of early childhood services promotes the health and welfare of children and their families. Region 1 has committed to create a measure that captures this concept within the mission of Title V programs. The measure incorporates the philosophy of assets and also an ecological model of factors that influence child health and development. Nationally, the number of children ages birth to age six in out-of-home care has increased from 30% to over 76% since the 1970's. Thus, it has become increasingly important to be able to evaluate child care programs, to assess quality and accessibility, and to know the impact of care on children's health. Child care health consultants play a critical role in promoting healthy and safe child care environments and supporting education for children, their families, and child care providers. This support specifically includes children with special health care needs. Child care health consultants also improve access to preventive health services such as medical and dental homes, early intervention and family support. This measure is consistent with recommendations from the AAP, APHA, and MCHB/HRSA.

PERFORMANCE MEASURE: The percent of youth who do not binge drink on alcoholic beverages.

STATUS: Active

Goal To increase the percent of youth who do not binge drink using alcoholic beverages as a strategy to support healthy

behaviors in youth.

DEFINITION The percent of youth who did not binge drink on alcohol in the last thirty days.

Numerator:

The number of youth in 8th-12th grade reporting that they did not binge drink on alcohol in the last thirty days.

Denominator:

Number of youth in 8th-12th grade participating in the (comparable)Youth Risk Behavior Survey.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE HP 2010 26-11

HP 2010 Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Baseline for

HS Seniors: 32% (1998) Target: 11%. Baseline for College Students: 39% (1998) Target: 20%.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Youth Risk Behavior Survey. Binge drinking is defined as having five or more drinks of alcohol within a couple of hours.

Binge drinking is a national problem, especially among males and young adults. In Vermont, 21% of students reported binge drinking during the past 20 days in 2005 (vs. 23% in 2003.) Twelfth graders were over four times as likely as 8th graders to binge drink (33% vs. 7%). The perceived acceptance of drug-using behavior among family, peers, and society influences an adolescent's decision to use or avoid alcohol, tobacco, and drugs. The perception that alcohol use is socially acceptable correlates with the fact that more than 80% of youth nationally consume alcohol before their 21st birthday, whereas the lack of social acceptance of other drugs correlates with comparatively lower rates of use. Similarly, widespread societal expectations that youth will engage in binge drinking may encourage this highly dangerous form of alcohol consumption (HP2010, CDC.) For this measure, Vermont is testing the approach of using assets-based wording to measure the absence of binge drinking in youth, so as to emphasize the social and cultural changes that must take place for youth to understand that binge drinking can become the antithesis to the social norm.

PERFORMANCE MEASURE: The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

STATUS: Active

Goal To increase the number of women of childbearing age who eat a healthy diet as measured by fruit and vegetable intake in

order to improve overall birth outcomes.

DEFINITIONThe number of women of childbearing age who comsume at least five servings of fruit and vegetables daily, as measured

by two servings daily of fruit and three servings daily of vegetables.

Numeratoı

The number of women ages 18-44 who report eating at least five or more servings of fruit and vegetables per day. There are two submeasures - the number of women 18-44 who consume at least 2 daily servings of fruit; the number of women

18-44 who consume at least 3 servings of vegetables.

Denominator:

The number of women ages 18-44 participating in the (comparable) BRFS

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Related Objective 19-5

Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. Target: 75%.

Baseline: 28% of persons aged 2 years and older consumed at least two daily servings of fruit (1994-1996)

Related Objective 19-6

Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables. Target: 50%. Baseline: 3% of persons aged 2 years and older

consumed at least three daily servings of vegetables (1994-1996)

Adult BRFS (BRFS is a population health risk assessment survey using a representative sample of Vermonters over 18

years of age performed every two years.)

The importance of improving preconceptual health in women of childbearing age has become a priority for health and public health professionals in their efforts to improve birth outcomes. Health and social systems should support women and their partners to adopt health lifestyles during the time they may be intending to have a family. Women need to be supported in certain actions, such as in eating a healthy diet, maintaining a proper weight, getting adequate exercise, avoiding smoking and substance abuse, and obtaining regular health care. One measure of these healthy habits is consumption of adequate amounts of fruits and vegetables. (MMWR - Recommendations to Improve Preconception Heath and Health Care — Unites

States, April 21, 2006)

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

PERFORMANCE MEASURE: The percent of youth who feel like they matter to people.

STATUS: Active

GOAL To increase the percent of youth who feel valued by their community as a strategy to support successful transition to

adulthood.

DEFINITION The percent of youth who feel valued by their communities.

Numerator:

The number of youth in grades 8-12 reporting that they agree or strongly agree with the statement: In my community, I feel

like I matter to people.

Denominator:

Number of youth in grades 8-12 participating in the (comparable) YRBS.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No related objectives

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Assets research for adolescents is demonstrating an association between healthy youth behaviors and certain defined assets. In response to this research, Vermont added five asset questions to the YRBS in 2001 in order to gather information on youth assets in relation to youth risk taking behavior. The state of Maine also uses this indicator, however worded slightly differently - "Do you feel that in your community, you feel like you matter to people." Also, in response to assets research, MCHB Region One began to incorporate a philosophy that would address a population's assets in addition to a population's needs in for the 2005 Title V MCH Needs Assessment. Choosing an asset indicator for Priority Goal #5 is viewed as a strategy to operationalize the assessment of youth assets in addition to analyzing youth risk-taking behavior. A collaboration between Vermont and Maine allows these two states to measure the same youth asset. A New England-wide collaboration

has begun to support other New England states to also include similar measures into their TV planning process.

SP(Reporting Year) #

PERFORMANCE MEASURE:

The percent of Vermont towns (population of 2,000 or more) who have at least one organized physical activity program in place that is open to all and promoted as a family activity

STATUS: GOAL

DEFINITION

To promote regular exercise and physical activity as a family activity by offering comunity-based opportunities to engage in physical activity.

The number of Vermont cities and towns with a population of 2,000 or more with at least one organized physical activity program in place that is open to all and promoted as a family activity.

Number of cities and towns with a population of 2,000 or more with at least one organized physical activity program in place that is open to all and promoted as a family activity.

Denominator:

Number of cities and towns in Vermont with a population of 2,000 or more (86)

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related HP 2010 Goal: Increase the % of adults who engage in regular physical activity to 50%.

Presently, Vermont's rate for adult regular moderate physical activity is 55% and the goal is to increase by 15 percent by 2010 (ABRFS, 2003.) Of Vermont's youth, 27% report they exercised moderately five or more days per week (YRBS, 2005) Note: Adequate physical activity levels for adults and youth are defined as 30 minutes moderate exercise five or more times

a week.)

DATA SOURCES AND DATA ISSUES

VDH community grant reports from the Community Walking Program, supported by Vermont state funds via the Blueprint for Health. This goal is also found in Vermont's Obesity State Plan and in the Blueprint for Health.

SIGNIFICANCE

The VDH is working on several initiatives to encourage communitites to enhance residents' health by creating opportunities to be physically active. Communities are developing such attributes as sidewalks, footpaths, hiking/walking trails, schools open to the public after school hours, and local farmers' markets. Moderate daily physical activity is essential to a healthy lifestyle, yet many Americans, for numerous reasons, lead sedentary lifestyles. Reasons include automated workplaces resulting in many jobs requiring workers to spend hours sitting at desks, use of automobiles for even short trips, diminishing recess and physical education programs, and excessive television and computer use. Another factor is that many communities, designed around the automobile, lack walkways and bikeways to safely accommodate non-motorists. Also in Vermont, the rural nature of the state often means children have long commutes to schools requiring busing or, if they choose to walk, there few sidewalks along rural roads. Organized community-based physical activity programs for families are but one strategy to create an environment that encourages and fosters regular physical activity.

SP(Reporting Year) #

PERFORMANCE MEASURE: The percent of children with SSI who receive an annual care plan.

STATUS: Active

GOAL To increase the percent of CSHN who receive an annual care plan within a medical home.

The percentage of children under age 16 with SSI whose primary care provider has billed Medicaid for a comprehensive, **DEFINITION**

annual care plan.

Numerator:

The number of children under age 16 with SSI whose primary care provider has billed Medicaid for a comprehensive, annual care plan.

Denominator:

The number of children with SSI under the age of 16.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE Related HP Objective 16-22 (Developmental)

Increase the proportion of children with special health care needs who have access to a medical home

Related HP Objective 16-23

Increase the proportion of Territories and States that have service systems for children with special health care needs. Target: 100%. Baseline: 15.7% of Territories and States met the Title V guidelines for service systems for CSHN in FY

Medicaid claims data. All Vermont children with SSI have Medicaid. Only primary care providers may bill for annual care **DATA SOURCES AND DATA ISSUES**

plans. See also HSCI #8: The percent of state SSI beneficiaries less than 16 years old receiving rehabilitative services from

the CSHCN program.

SIGNIFICANCE

This measure represents an effort to measure the prevalence and utilization of one element of a Medical Home for CSHCN - the writing of a substantial, comprehensive, annual care plan. VT Medicaid has implemented a system of payment to the PCP for an annual care plan written for a CSHCN. VDH has access to Medicaid claims data and all VT children who have SSI are enrolled in Medicaid. Children who have SSI have met clinical criteria for having a serious, chronic disability, and thus, are children who would benefit particularly from a comprehensive plan of care through a medical home. This SPM, therefore, is a measure of the access of children with SSI to a practicing Medical Home. The same data and similar process is used for HSCI#8 (children with SSI up to age 16.) This measure is a reasonable window into measurement of and

supporting access for all CSHCN to a Medical Home.

PERFORMANCE MEASURE: The percent of low income children (with Medicaid) who utilize dental services in a year.

STATUS: Active

GOAL To prevent dental caries in children by increasing appropriate use of dental services.

DEFINITION The number of low income children who use dental services within a one-year period.

Numerator:

Number of Vermont children with Medicaid insurance who visit a dental office during a one-year period.

Denominator:

Number of Vermont children with Medicaid insurance during a one-year period.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE HP 2010 Related Objective 21-10

HP Related Objective 21-10: Increase the proportion of children and adults who use the oral health system each year.

Target: 56%. Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist the previous year.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Medicaid data and data from Electronic Data Systems (EDS).

Although appropriate home oral health care and population based prevention are essential, professional care is also necessary to maintain optimal oral and craniofacial health. Regular dental visits provide an opportunity for the early prevention, diagnosis, and treatment of oral and craniofacial diseases and conditions. Experts recommmend that children as young as age 1 year be examined for evidence of developing dental caries. Dental caries is the single most common chronic disease in children. Despite the reduction in cases of caries in recent years, more than half of all children have caries by the second grade and, by the time children finish high school, about 80% have caries (Healthy People, 2010, CDC.) The dental services utilization rate of children using Medicaid insurance in Vermont has been steady for the last 5 years at approximately 45 percent. If many of the remaining 55 percent can access dental services, the number of dental

caries can be reduced through preventive measures.

SP(Reporting Year) #

DEFINITION

The percent of children with emotional, developmental, or behavioral problems that require treatment or counseling who **PERFORMANCE MEASURE:** received needed mental health services in the past year.

STATUS:

To strengthen the mental health service delivery system so as to enable all children with emotional, developmental, or GOAL behavioral problems to receive counseling or treatment.

The percent of children with emotional, developmental, or behavioral problems that required treatment or counseling and

received the needed treatment and counseling over the past year. Value for Vermont is 70% in 2005.

The unduplicated count of children who both needed and received treatment whereas the denominator is all children who needed treatment. Thus, the numerator is those answering yes on S2Q16 (Does your chiuld have any kind of emotional, developmental or behavioral problem for which he/she needs treatment or counseling?) and S4Q23 (During the past 12 months, did your child receive any mental health care or counseling?)

Denominator:

All children, ages 1-17, with a current emotional, developmental, or behavioral health condition requiring treatment or counseling (S2Q16).

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Obj. 18-7 Increase the proportion of children with mental health problems who receive treatment

Developmental objective. No data or specific 2010 numerical value available.

DATA SOURCES AND DATA ISSUES SIGNIFICANCE

National Survey of Children's Health, 2005

Mental health services, including counseling, medications, or specialized therapies, are beneficial for children with behavioral or emotional problems. However, these services are often not readily available or affordable to the children and their families who would benefit from them. Nationally, 58.7% of children with ongoing emotional, developmental, or behavioral problems needing treatment or counseling received mental health care as reported in the 2005 NSCH. Children with health insurance, public or private, are more likely to receive the mental health services they need. Of these children needing services who are without health insurance, only 33.8% received any mental health care or counseling. (The Health and Well-Being of Children, National Survey of Children's Health, 2005)

SP(Reporting Year) # 10

PERFORMANCE MEASURE: The percent of one year old children who are screened for blood lead poisoning.

STATUS: Active

GOAL To increase the number of one year old children who are screened for blood lead levels.

DEFINITION The number of children aged one year old who are screened for blood lead levels.

Numerator:

The number of Vermont one year old children who are screened for blood lead levels.

Denominator:

The number of Vermont children who are one year of age.

Units: 100 Text: Percent

Objective 8-11: Eliminate elevated blood lead levels in children. **HEALTHY PEOPLE 2010 OBJECTIVE**

Target: Zero percent. Baseline: 4.4% of children aged 1-6 years had blood lead levels exceeding 10 ug/ml during 1991-1994.

DATA SOURCES AND DATA ISSUES

Vermont Department of Health maintins a data base of all screening and testing done for lead levels by labs via community

clinics and primary cae offices.

SIGNIFICANCE

Lead is a highly toxic metal that has been and still is used in household and industrial products. Lead exposure can increase the risk of miscarriage, premature birth, stillbirth, or low birth weight. Lead enters the body by inhaling or ingesting the lead directly, most often as lead dust. In a pregnant women, lead can cross to the placenta. Children are most vulnerable to lead poisoning when they are under six years old, and especially at ages one and two when they normally exhibit hand-to-mouth behavior. Lead poisoning can cause permanent damage to a child' brain and kidneys. Even small amounts of lead can cause serious learning and behavior problems. The CDC has recommended that all children be screened for lead poisoning at ages one and two years. Vermont has the second oldest housing stock in the nation with about 60% built before 1978, the year lead paint was banned. Most Vermont children who become lead poisoned have ingested lead dust or lead from

soil that has been tracked into their home

FORM 17 HEALTH SYSTEMS CAPACITY INDICATORS FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA STATE: VT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01					
The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.					
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicator	24.0	17.8	20.3	13.2	13.2
Numerator	79	58	66	43	43
Denominator	32,910	32,496	32,435	32,635	32,635
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.	<u>.</u>				

Final

Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #01 Field Name: HSC01

Is the Data Provisional or Final?

Row Name: Column Name: Year: 2009
Field Note:

Hospital discharge data for 2009 and population estimates are not available at time of submission. They should be available in late 2010. The 2009 estimate is based on 2008 data.

HEALTH SYSTEMS CAPACITY MEASURE # 02					
he percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.					
			Annual Indicator Da	ata	
	2005	2006	2007	2008	2009
Annual Indicator	85.7	86.6	88.2	87.4	86.7
Numerator	3,148	3,174	3,301	3,420	3,166
Denominator	3,674	3,667	3,741	3,911	3,651
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2009 Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004 through 2009 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

the 2008 report was amended to reflect more complete information.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2008 Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004, 2005, 2006, 2007 and 2008 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

The 2008 report was updated in 2010 to reflect more complete information.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02 Row Name: Column Name: Year: 2007 Field Note:

In contrast to previous years, data for enrollment in Medicaid during 2004, 2005, 2006 and 2007 are split out from SCHIP - which is reported separately, below. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

			Annual Indicator Da		
	Annual Indicator Data				
2005		2006	2007	2008	2009
Annual Indicator	89.7	90.5	92.6	89.8	91.2
Numerator	209	201	175	176	187
Denominator	233	222	189	196	205
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 **Row Name:** Column Name: Year: 2009 Field Note:

In contrast to previous years, data for enrollment in SCHIP from 2004, -onwards are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

The 2008 report was updated to reflect more complete information.

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 **Row Name:** Column Name: Year: 2008 Field Note:

In contrast to previous years, data for enrollment in SCHIP from 2004, onwards are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

Section Number: Form17_Health Systems Capacity Indicator #03

Field Name: HSC03 **Row Name:** Column Name: Year: 2007 Field Note:

In contrast to previous years, data for enrollment in SCHIP during 2004, 2005, 2006 and 2007 are split out from Medicaid - which is reported separately, above. As a consequence, results from 2003 and earlier should not be compared directly to 2004 onwards.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	87.7	88.1	87.0	86.6	86.6
Numerator	5,228	5,329	5,186	4,922	4,922
Denominator	5,961	6,047	5,958	5,681	5,681
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #04 Field Name: HSC04

Field Name: HSCO-Row Name: Column Name: Year: 2009 Field Note:

Vital Records birth data for 2009 were not available at time of submission. They should become available in early 2011. The 2009 estimate is based on 2008 data.

HEALTH SYSTEMS CAPACITY MEASURE # 07A Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.					
			Annual Indicator Da		
	2005	2006	2007	2008	2009
Annual Indicato	r 77.5	77.7	77.6	79.1	81.8
Numerato	r 57,417	56,952	55,892	57,475	60,976
Denominato	r 74,056	73,312	72,007	72,640	74,587
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX.)	d r e i.			Final	Dravisional
(Explain data in a year note. See Guidance, Appendix IX Is the Data Provisional or Final	•			Final	Provision

Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2009 Field Note:

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2009 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2009 (data source VT Banking, Insurance, Securities and Health Care Administration, 2009 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2008 were based on previous surveys carried out in 2000, 2005 and 2008.

The final 2008 data was revised slightly in 2010 to reflect more complete Medicaid information.

2. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2008 Field Note:

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2008 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2008 (data source VT Banking, Insurance, Securities and Health Care Administration, 2008 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2004 were based on a previous survey carried out in 2000. Estimates of uninsured children for 2005 -2007 were based on a previous survey carried out in 2005.

The final 2007 data was revised slightly in 2009 to reflect more complete Medicaid information.

3. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A Row Name: Column Name: Year: 2007 Field Note:

The estimate for the number of children aged 1-21 years who are potentially eligible for Medicaid services is based on the sum of the number of children enrolled in Medicaid at the end of FFY 2007 plus the number of children aged 1-21 with household income <300% of Federal Poverty Level who lacked Health insurance in 2005 (data source VT Banking, Insurance, Securities and Health Care Administration, 2005 Vermont Household Health Insurance Survey). Estimates of uninsured children for 2003 -2004 were based on a previous survey carried out in 2000.

HEALTH SYSTEMS CAPACITY MEASURE # 07B					
The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.					
			Annual Indicator Da	ata .	
	2005	2006	2007	2008	2009
Annual Indicator	66.0	66.6	69.0	66.5	68.8
Numerator	4,879	4,914	8,148	8,056	8,768
Denominator	7,392	7,374	11,810	12,110	12,742
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	•			Final	Provisional

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2009 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 61.2%; 2003 = 62.3%; 2004 = 62.5%; 2005 = 65.1%; and 2006 = 68.6%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2008 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 61.2%; 2003 = 62.3%; 2004 = 62.5%; 2005 = 65.1%; and 2006 = 68.6%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B Row Name: Column Name: Year: 2007 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 61.2%; 2003 = 62.3%; 2004 = 62.5%; 2005 = 65.1%; and 2006 = 68.6%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	45.0	53.3	45.5	46.3	47.1
Numerator	691	866	720	771	793
Denominator	1,536	1,625	1,582	1,665	1,684
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 **Row Name:** Column Name: Year: 2009 Field Note:

The denominator for this indicator is derived from Medicaid claims-data of SSI-eligible children under age 16 in FFY2009. The SSI-eligible children were matched to the list of CSHN-enrolled children during the same period. In FFY2009, 1,684 SSI -eligible children received a Medicaid service. 793 of these children were enrolled in CSHN programs, representing 47.1% of SSI-eligible children under 16 years.

Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2008 Field Note:

The denominator for this indicator is derived from Medicaid claims-data of SSI-eligible children under age 16 in FFY2008. The SSI-eligible children were matched to the list of CSHN-enrolled children during the same period. In FFY08, 1,665 SSI -eligible children received a Medicaid service. 771 of these children were enrolled in CSHN programs, representing 46.3% of SSI-eligible children under 16 years.

Data revised in 2010 to reflect updates to Medicaid database.

Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08 Row Name: Column Name: Year: 2007 Field Note:

The denominator for this indicator is derived from claims-data of SSI-eligible children under age 16 who received a Medicaid service in FFY2007. This is, of necessity, an under-count of the children who had SSI in that year, some of whom received no services, and some of whom have private insurance that paid for the services they did receive. The SSI children with Medicaid services were matched to the list of CSHN-enrolled children during the same period. In FFY07, 1,582 SSI children received a Medicaid service. 720 of these children were enrolled in CSHN programs, representing 45.5% of SSI-eligible children under 16 years.

Data revised in 2010 to reflect updates to Medicaid database.

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #05 (MEDICAID AND NON-MEDICAID COMPARISON) STATE: VT

INDICATOR #05 Comparison of health system capacity				POPULATION	
indicators for Medicaid, non-Medicaid, and all MCH populations in the State	YEAR	DATA SOURCE	MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2008	Payment source from birth certificate	8.4	5.9	7
b) Infant deaths per 1,000 live births	2008	Payment source from birth certificate	6.1	3.4	4.6
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	Payment source from birth certificate	84.3	92.6	89
d) Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	Payment source from birth certificate	82.5	89.9	86.7

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL) STATE: VT

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2009	300
b) Medicaid Children (Age range 1 to 5) (Age range 6 to 12) (Age range 13 to 21)	2009	300 300 300
c) Pregnant Women	2009	200

FORM 18 HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL) STATE: VT

INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2009	300
b) Medicaid Children (Age range 1 to 5) (Age range 6 to 12) (Age range 13 to 21)	2009	300 300 300
c) Pregnant Women	2009	

FORM NOTES FOR FORM 18

The 2008 data were derived from the birth certificate principle payer record . Prior to 2007, a different method was used in which WIC eligibility was used as a surrogate for Medicaid. The pre-2007 results are therefore not directly comparable to 2007 and 2008.

FIELD LEVEL NOTES

1. Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name: Year: 2011 Field Note:

The small discrepancy (0.1%) between HSCI#04 and HSCI#05d is partly due to different age selection of mothers (15-44 years in HSCI#04; no age restriction in HSCI#05d). Also, 10.2% of birth certificates did not report the principle payer - which resulted in these records being excluded from the denominator in HSCI#05d. This in turn led to selection of a slightly different set of records in the two analyses.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: VT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Informatioin)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

- 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM STATE: VT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)	
Youth Risk Behavior Survey (YRBS)	3	Yes	
Other:			

*Where: 1 = No

- 2 = Yes, the State participates but the sample size is <u>not</u> large enough for valid statewide estimates for this age group. 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19
None

FIELD LEVEL NOTES

None

FORM 20 HEALTH STATUS INDICATORS #01-#05 MULTI-YEAR DATA STATE: VT

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A							
The percent of live births weighing less than 2,500 grams.							
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	6.2	6.9	6.2	7.0	7.0		
Numerator	399	446	403	444	444		
Denominator	6,467	6,510	6,510	6,338	6,338		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional		

Field Level Notes

Row Name: Column Name: Year: 2009 Field Note:

Vital Records birth data for 2009 were not available at the time of submission. They should be available early in 2011. The 2009 estimate is based on 2008 data.

HEALTH STATUS INDICATOR MEASURE # 01B	_					
The percent of live singleton births weighing less than 2,500 grams.						
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	4.8	5.1	4.7	5.2	5.2	
Numerator	300	325	292	319	319	
Denominator	6,277	6,315	6,279	6,116	6,116	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional	

1. Section Number: Form20_Health Status Indicator #01B Field Name: HSI01B

Field Name: HSI011 Row Name: Column Name: Year: 2009 Field Note:

Vital records birth data for 2009 were not available at the time of submission. They should be available in early 2011. The 2009 estimate is based on 2008 data.

HEALTH STATUS INDICATOR MEASURE # 02A					
The percent of live births weighing less than 1,500 grams.					
			Annual Indicator Da	<u>ata</u>	
	2005	2006	2007	2008	2009
Annual Indicator	1.1	1.4	1.0	1.1	1.1
Numerator	74	91	66	68	68
Denominator	6,467	6,510	6,510	6,338	6,338
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #02A Field Name: HSI02A

Field Name: HSI02 Row Name: Column Name: Year: 2009 Field Note:

Vital Records birth data for 2009 were not available at the time of submission. They should be available in early 2011. The 2009 estimate is based on 2008 data.

005	2006	Annual Indicator Da		
	2006			
	2006	2007		
0.8			2008	2009
0.0	1.0	0.8	0.8	0.8
48	65	49	51	51
6,277	6,315	6,279	6,116	6,116
			Final	Provisional
	6,277	6,277 6,315	6,277 6,315 6,279	6,277 6,315 6,279 6,116

1. Section Number: Form20_Health Status Indicator #02B Field Name: HSI02B

Field Name: HSI03 Row Name: Column Name: Year: 2009 Field Note:

Vital Records birth data for 2009 were not available at the time of submission. They should be available in early 2011. The 2009 estimate is based on 2008 data.

HEALTH STATUS INDICATOR MEASURE # 03A							
The death rate per 100,000 due to unintentional injuries among childr	en aged 14 years an	nd younger.					
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicator	8.0	7.8	8.2	5.4	5.4		
Numerator	26	25	26	17	17		
Denominator	326,670	321,183	316,900	313,994	313,994		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2009 Field Note:

Vital Records death data and population estimates for 2009 were not available at the time of submission. They should both be available in early 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name:

Column Name: Year: 2008 Field Note:

There were 7 VT non-intentional deaths in 2008 amongst children 0-14. A 3-year moving average (2006-2008) was applied to both numerator and denominator.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A Row Name: Column Name: Year: 2007 Field Note:

There were 4 VT non-intentional deaths in 2007 amongst children 0-14. A 3-year moving average (2005-2007) was applied to both numerator and denominator.

HEALTH STATUS INDICATOR MEASURE # 03B The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes. 2005 2006 2007 2008 2009 **Annual Indicator** Numerator 326,670 106,110 104,674 103,210 103,210 Denominator Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer Yes Yes Yes than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.) Is the Data Provisional or Final? Provisional Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2009 Field Note:

Vital Records death data and population estimates for 2009 were not available at the time of submission. They should be available in early 2011. 2008 data remain provisional. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2008 Field Note:

In 2008 there were 2 deaths amongst 0-14 year olds due to MVA. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, a three year avarage (2006, 2007 and 2008) = 2.5 was calculated that is still less than 5 events. The rate should therefore not be calculated.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B Row Name: Column Name: Year: 2007 Field Note:

In 2007 there were 3 deaths. Following the procedures outlined in Technical Note IX, Guidelines for Calculating Performance Measures using small samples, a three year avarage (2005, 2006 and 2007) = 3.7 was calculated that is still less than 5 events. A rate should therefore not be calculated.

HEALTH STATUS INDICATOR MEASURE # 03C						
The death rate per 100,000 from unintentional injuries due to motor ve	ehicle crashes amon	g youth aged 15 thro	ugh 24 years.			
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	27.5	22.4	23.5	20.4	20.4	
Numerator	25	20	63	54	54	
Denominator	91,002	89,301	268,200	264,597	264,597	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2009 Field Note:

Vital Records death data and population estimates for 2009 were not available at the time of submission. They should be available in early 2011. 2008 data remain provisional. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2008 Field Note:

There were 18 deaths from MVA amongst VT youths 15-24 years old in 2008. Since the numerator was less than 20, a three year average of 2006, 2007 and 2008 is reported.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C Row Name: Column Name: Year: 2007 Field Note:

The rate for 2007 was revised upwards to 18 in 2010 based on late reports of out-of-state death records for 2 VT residents. Since the numerator was less that 20, a 3 year average based on 2005, 2006 and 2007 is reported.

HEALTH STATUS INDICATOR MEASURE # 04A							
The rate per 100,000 of all nonfatal injuries among children aged 14	years and younger.						
	Annual Indicator Data						
	2005	2006	2007	2008	2009		
Annual Indicato	r 180.0	174.3	162.4	161.8	161.8		
Numerato	r191	185	170	167	167		
Denominato	r 106,116	106,110	104,674	103,210	103,210		
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?	i r =			Provisional	Provisional		

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2009 Field Note:

Neither Hospital Discharge data nor population estimates for 2009 were available at the time of submission. These should be available in early 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2008 Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A Row Name: Column Name: Year: 2007 Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

HEALTH STATUS INDICATOR MEASURE # 04B						
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	s among children age	ed 14 years and youn	ger.			
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	19.8	18.1	15.8	12.4	12.4	
Numerator	21	58	50	39	39	
Denominator	106,116	321,183	316,900	313,994	313,994	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix X.)						
Is the Data Provisional or Final?				Provisional	Provisional	

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2009 Field Note:

Neither Hospital Discharge data nor population estimates for 2009 were available at the time of submission. They should be available in early 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2008 Field Note:

In 2008, there were 10 reports of injuries due to motor vehicle accidents amongst VT children 0-14 years old. A three year average (2006-2008) was therefore applied.

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B Row Name: Column Name: Year: 2007 Field Note:

In 2007, there were 12 reports of injuries due to motor vehicle accidents amongst VT children 0-14 years old. A three year average (2005-2007) was therefore applied.

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

HEALTH STATUS INDICATOR MEASURE # 04C						
The rate per 100,000 of nonfatal injuries due to motor vehicle crashes	among youth aged	15 through 24 years.				
	Annual Indicator Data					
	2005	2006	2007	2008	2009	
Annual Indicator	127.5	140.0	92.2	121.3	121.3	
Numerator	116	125	81	106	106	
Denominator	91,002	89,301	87,897	87,399	87,399	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Provisional	P rovisional	

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2009 Field Note:

Neither Hospital Discharge data nor population estimates for 2009 were available at the time of submission. They should be available in early 2011. The 2009 estimate is based on 2008 data.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2008 Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C Row Name: Column Name: Year: 2007 Field Note:

Consistent with previous years, data are derived from Hospital Discharge dataset (source: VT Banking, Insurance, Securities and Health Care Administration) discharges from inpatient hospital setting. Since only a minority of injuries result in inpatient admissions, it is estimated that the numerator represents less than 2% of total injuries reported.

HEALTH STATUS INDICATOR MEASURE # 05A					
The rate per 1,000 women aged 15 through 19 years with a reported	case of chlamydia.				
	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	12.2	14.7	13.3	14.7	14.7
Numerator	271	330	297	326	326
Denominator	22,209	22,507	22,331	22,160	22,160
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Section Number: Form20_Health Status Indicator #05A Field Name: HSI05A

Field Name: HSI05 Row Name: Column Name: Year: 2009 Field Note:

Data to complete this item are currently unavailable. Population estimates for 2009 will be available at the end of CY2010. The 2009 estimate is based on 2008 data.

HEALTH STATUS INDICATOR MEASURE # 05B					
The rate per 1,000 women aged 20 through 44 years with a reported	case of chlamydia.				
	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	4.3	5.5	5.1	5.8	5.8
Numerator	451	560	508	568	568
Denominator	104,813	102,295	100,084	98,719	98,719
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied (Explain data in a year note. See Guidance, Appendix IX. Is the Data Provisional or Final?				Final	Provisional

Field Name: HSI0 Row Name: Column Name: Year: 2009 Field Note:

Data to complete this item are currently unavailable. Population estimates for 2009 will be available at the end of CY2010. The 2009 estimate is based on 2008 data.

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	6,588	6,278	164	29	117	0	0	0
Children 1 through 4	26,047	24,820	647	117	463	0	0	0
Children 5 through 9	33,517	31,909	875	136	597	0	0	0
Children 10 through 14	37,058	35,526	716	200	616	0	0	0
Children 15 through 19	45,231	43,676	784	260	511	0	0	0
Children 20 through 24	42,168	40,741	558	202	667	0	0	0
Children 0 through 24	190,609	182,950	3,744	944	2,971	0	0	0

HSI #06B - Demographics (Total Population) Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	6,442	146	0	
Children 1 through 4	25,471	576	0	
Children 5 through 9	32,784	733	0	
Children 10 through 14	36,330	728	0	
Children 15 through 19	44,302	929	0	
Children 20 through 24	41,357	811	0	
Children 0 through 24	186,686	3,923	0	

HSI #07A - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and race. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	6	5	1	0	0	0	0	0
Women 15 through 17	93	85	3	1	0	0	0	4
Women 18 through 19	379	364	5	0	0	0	0	10
Women 20 through 34	4,882	4,627	59	5	24	1	0	166
Women 35 or older	981	934	9	1	8	0	0	29
Women of all ages	6,341	6,015	77	7	32	1	0	209

HSI #07B - Demographics (Total live births) Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Women < 15	6	0	0	
Women 15 through 17	90	3	0	
Women 18 through 19	375	4	0	
Women 20 through 34	4,827	55	0	
Women 35 or older	973	8	0	
Women of all ages	6,271	70	0	

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	29	27	1	0	0	0	0	1
Children 1 through 4	5	5	0	0	0	0	0	0
Children 5 through 9	3	3	0	0	0	0	0	0
Children 10 through 14	6	6	0	0	0	0	0	0
Children 15 through 19	28	24	3	0	0	0	0	1
Children 20 through 24	31	31	0	0	0	0	0	0
Children 0 through 24	102	96	4	0	0	0	0	2

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	
Infants 0 to 1	29	0	0	
Children 1 through 4	5	0	0	
Children 5 through 9	3	0	0	
Children 10 through 14	6	0	0	
Children 15 through 19	27	0	1	
Children 20 through 24	31	0	0	
Children 0 through 24	101	0	1	

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	148,441	142,209	3,186	742	2,304	0	0	0	2008
Percent in household headed by single parent	32.0	0.0	0.0	0.0	0.0	0.0	0.0	32.0	2007
Percent in TANF (Grant) families	4.7	0.0	0.0	0.0	0.0	0.0	0.0	4.7	2007
Number enrolled in Medicaid	62,708	35,302	1,076	73	295	0	0	25,962	2009
Number enrolled in SCHIP	3,547	760	4	0	8	0	0	2,775	2009
Number living in foster home care	1,309	0	0	0	0	0	0	1,309	2009
Number enrolled in food stamp program	31,241	0	0	0	0	0	0	31,241	2009
Number enrolled in WIC	16,398	14,747	389	29	133	28	480	592	2009
Rate (per 100,000) of juvenile crime arrests	1,041.0	0.0	0.0	0.0	0.0	0.0	0.0	1,041.0	2007
Percentage of high school drop- outs (grade 9 through 12)	2.9	0.0	0.0	0.0	0.0	0.0	0.0	2.9	2009

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	145,329	3,112	0	2008
Percent in household headed by single parent	0.0	0.0	32.0	2007
Percent in TANF (Grant) families	0.0	0.0	4.7	2007
Number enrolled in Medicaid	36,746	267	25,695	2009
Number enrolled in SCHIP	772	4	2,771	2009
Number living in foster home care	0	0	1,309	2009
Number enrolled in food stamp program	0	0	31,241	2009
Number enrolled in WIC	15,642	164	592	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	1,014.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	2.9	2009

HSI #10 - Demographics (Geographic Living Area) Geographic living area for all resident children aged 0 through 19 years old. (Demographics)

Reporting Year: 2008	Is this data from a State Projection? No	Is this data final or provisional? Provisional
----------------------	--	--

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	40,620
Living in urban areas	66,104
Living in rural areas	81,419
Living in frontier areas	0
Total - all children 0 through 19	147,523

Note: The Total will be determined by adding reported numbers for urban, rural and frontier areas.

HSI #11 - Demographics (Poverty Levels) Percent of the State population at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL
Total Population	610,260.0
Percent Below: 50% of poverty	3.1
100% of poverty	9.0
200% of poverty	27.9

HSI #12 - Demographics (Poverty Levels) Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)

POVERTY LEVELS	TOTAL	
Children 0 through 19 years old	143,696.0	
Percent Below: 50% of poverty	4.0	
100% of poverty	10.0	
200% of poverty	31.6	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

 Section Number: Form21_Indicator 06A Field Name: S06_Race_Infants

Row Name: Infants 0 to 1

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

Section Number: Form21_Indicator 06A
 Field Name: S06_Race_Children1to4
 Row Name: children 1 through 4

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

Section Number: Form21_Indicator 06A
 Field Name: S06_Race_Children5to9
 Row Name: children 5 through 9

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

Section Number: Form21_Indicator 06A
 Field Name: S06_Race_Children10to14
 Row Name: children 10 through 14

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

Section Number: Form21_Indicator 06A Field Name: S06_Race_Children15to19 Row Name: children 15 through 19

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

6. Section Number: Form21_Indicator 06A Field Name: S06_Race_Children20to24 Row Name: children 20 through 24

Column Name: Year: 2011 Field Note:

Data from state population estimate contains a pooled number for Asian plus Native Hawaiian or Other Pacific Islander, reported here under Asian. The number of Vermont residents claiming Native Hawaiian or Other Pacific Islander race is however likely to be very small.

7. Section Number: Form21_Indicator 10

Field Name: Metropolitan

Row Name: Living in metropolitan areas

Column Name: Year: 2011 Field Note:

2008 State urban/rural population estimate was based on the U.S. Census Bureau 2000 Census, Summary File 1, matrix P12. Updated data should be available in 2011 based on the 2010 decentennial census. Note: available data were for children 0-17 years only (not 0-19, as defined). The total for children living in urban areas is the sum of children living in metropolitan plus non-metropolitan urban areas, as defined by the U.S. Census Bureau.

8. Section Number: Form21_Indicator 11

Field Name: S11_total
Row Name: Total Population

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

9. Section Number: Form21_Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

Section Number: Form21_Indicator 11

Field Name: S11_100percent Row Name: 100% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

11. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

12. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

Row Name: Percent Below: 50% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

14. Section Number: Form21_Indicator 12 Field Name: S12_100percent Row Name: 100% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

15. Section Number: Form21_Indicator 12

Field Name: S12_200percent Row Name: 200% of poverty

Column Name: Year: 2011 Field Note:

Data from U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2009.

FORM 11

TRACKING PERFORMANCE MEASURES [SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]

STATE: VT

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of Vermont women who indicate that their pregnancies are intended.

	Annual Objective and Performance Data						
	2005	2006	2007	2008	2009		
Annual Performance Objective		70	70	73	73		
Annual Indicator	67.6	63.2	66.0	65.5	65.5		
Numerator	4,271	3,929	4,128	3,928	3,928		
Denominator	6,314	6,217	6,253	6,001	6,001		
Data Source				VT PRAMS Survey - 2008	VT PRAMS Survey - 2008		
Is the Data Provisional or Final?				Final	Provisional		

Annual Objective and Performance Data 2012 2013 2014

2011 73 73 75 75 **Annual Performance Objective**

Annual Indicator

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Numerator Period 2011-2015, this is not required until next year.

Denominator

2010

Field Level Notes

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2009 Field Note:

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The 2009 estimate is based on 2008 PRAMS survey data. Actual data for 2009 were not available at the time of reporting. They will be available in 2011.

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2008 Field Note:

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2008 estimate is based on 2008 PRAMS survey data.

Section Number: Form11_State Performance Measure #1

Field Name: SM1 **Row Name:** Column Name: Year: 2007

Estimate is based on data from PRAMS survey of women who have recently given birth to live infants. This estimate does not include pregnancies that end in abortions or fetal deaths. The revised 2007 estimate is based on 2007 PRAMS survey data.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015			
The percent of youth who do not binge drink on alcoholic beverages.					
		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		80	82	82	85
Annual Indicator	78.6	78.6	77.0	77.0	79.7
Numerator	31,347	31,347	29,744	29,744	29,357
Denominator	39,891	39,891	38,641	38,641	36,839
Data Source				YRBS Survey - 2007	YRBS Survey - 2009
Is the Data Provisional or Final?				Final	Final
		Annual	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	85	85	85	85	
Annual Indicator Numerator	While you may ent Period 2011-2015	ter preliminary object this is not required u	ives for State Performa until next year.	ance Measures for the	e Needs Assessment
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2009 Field Note:

Weighted data for 2009 are based on a YRBS survey carried out in the same year.

2. Section Number: Form11_State Performance Measure #2 Field Name: SM2

Field Name: SN Row Name: Column Name: Year: 2008 Field Note:

The YRBS survey is carried out biennially. The estimate for 2008 is based on a YRBS survey carried out in 2007. .

3. Section Number: Form11_State Performance Measure #2

Field Name: SM2 Row Name: Column Name: Year: 2007 Field Note:

Weighted data for 2007 are based on a YRBS survey carried out in the same year.

STATE PERFORMANCE MEASURE #3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective		34	35	35	38			
Annual Indicator	33.5	33.5	35.0	35.0	33.1			
Numerator	37,726	37,726	38,680	38,680	34,126			
Denominator	112,736	112,736	110,600	110,600	103,223			
Data Source				BRFSS Survey - 2007	BRFSS Survey - 2009			
Is the Data Provisional or Final?				Final	Final			

 Annual Objective and Performance Data

 2010
 2011
 2012
 2013
 2014

 Annual Performance Objective
 38
 38
 38
 38

Annual Indicator

Numerator

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Denominator

Field Level Notes

1. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2009 Field Note:

Weighted data based on 2009 BRFSS survey of VT women 18-44 years. Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

2. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2008 Field Note:

The 2008 estimate is based on 2007 BRFSS survey of VT women 18-44 years. The BRFSS fruit and vegetable survey questions are only asked in Vermont every other year. Weighted data for 2009 will be available in February 2010.

Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

3. Section Number: Form11_State Performance Measure #3

Field Name: SM3 Row Name: Column Name: Year: 2007 Field Note:

Weighted data based on 2007 BRFSS survey of VT women 18-44 years. Note that BRFSS question does not differentiate between fruit and vegetable servings. Numerator reported is population estimate for women 18-44 years who reported eating 5 or more servings of fruits and vegetables, combined.

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASS	ESSMENT CYCLE	2011-2015			
The percent of youth who feel like they matter to people.					
		Annual C	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective		45	48	48	50
Annual Indicator	44.6	44.6	47.4	47.4	46.5
Numerator	17,630	17,630	18,192	18,192	16,262
Denominator	39,538	39,538	38,355	38,355	34,936
Data Source				YRBS Survey - 2007	YRBS Survey - 2009
Is the Data Provisional or Final?				Final	Final
		Annual (Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	
Annual Indicator Numerator Denominator	While you may ento Period 2011-2015,	er preliminary objective this is not required ur	ves for State Performantil next year.	ance Measures for the	e Needs Assessment

Field Level Notes

1. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2009 Field Note:

Weighted population estimate based on YRBS survey carried out in 2009.

2. Section Number: Form11_State Performance Measure #4 Field Name: SM4

Field Name: SN Row Name: Column Name: Year: 2008 Field Note:

The YRBS survey is carried out biennially. Data for 2008 is based on the weighted population estimate from the YRBS survey carried out in 2007.

3. Section Number: Form11_State Performance Measure #4

Field Name: SM4 Row Name: Column Name: Year: 2007 Field Note:

Weighted population estimate based on YRBS survey carried out in 2007.

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015 The percent of low income children (with Medicaid) who utilize dental services in a year.

Denominator

		<u>Annual</u>	Objective and Perfor	mance Data	
	2005	2006	2007	2008	2009
Annual Performance Objective	52	52	54	54	55
Annual Indicator	49.1	49.2	52.9	50.0	52.8
Numerator	36,413	36,376	30,321	29,584	33,322
Denominator	74,140	73,886	57,307	59,170	63,141
Data Source the Data Provisional or Final?				CMS-416 report Final	CMS-416 report Provisional
		<u>Annual</u>	Objective and Perfor	rmance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	55	55	55	55	1
Annual Indicator Numerator	While you may ente	er preliminary object this is not required u	ves for State Perform	ance Measures for the	e Needs Assessme

Field Level Notes

1. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2009 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

2. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2008 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 and 2008 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

3. Section Number: Form11_State Performance Measure #5

Field Name: SM5 Row Name: Column Name: Year: 2007 Field Note:

Source of data reported in previous years was Office of Vermont Health Access (OVHA). 2007 data were revised in 2010 to reflect published CMS-416 reports. Comparable values for: 2002 = 46.2%; 2003 = 46.8%; 2004 = 46.4%; 2005 = 49.2%; and 2006 = 52.3%. Data from 2007 onwards should not be compared directly with previously published values for earlier years.

The percent of one year old children who are screened for blood lead			N. Sandhar and I.B. (
	2005	<u>Annual (</u> 2006	Objective and Perfor 2007	mance Data 2008	2009
Annual Performance Objective	•	80	82	82	83
Annual Indicator	75.1	77.5	84.6	78.6	79.6
Numerator	5,119	5,209	5,249	5,287	5,349
Denominator	6,818	6,721	6,203	6,723	6,723
Data Source	•			Lead sreening Program	Lead sreening Program
Is the Data Provisional or Final?	•			Final	Provisional
		<u>Annual (</u>	Objective and Perfor	mance Data	
	2010	2011	2012	2013	2014
Annual Performance Objective	84	85	90	90	
Annual Indicator Numerator Denominator	While you may ento Period 2011-2015,	er preliminary objective this is not required ur	ves for State Performantil next year.	ance Measures for the	e Needs Assessmen

Field Level Notes

1. Section Number: Form11_State Performance Measure #6

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Field Name: SM6 Row Name: Column Name: Year: 2009 Field Note:

In 2008, the Vermont Child Lead Screening program changed the method used to calculate the numerator for this measure. Previous calculations were found to have undercounted the number of children screened. The rate for 2008 and 2009 should not be compared directly to previously published rates for the earlier years. Comparable rate calculations for 2005 through 2006 are 77.2% and 79.3%, respectively. The 2009 rate is based on the population estimate for 2008, and should be considered provisional.

2. Section Number: Form11_State Performance Measure #6

Field Name: SM6 Row Name: Column Name: Year: 2008 Field Note:

In 2008, the Vermont Child Lead Screening program changed the method used to calculate the numerator for this measure. Previous calculations were found to have undercounted the number of children screened. Comparable rate calculations for 2005 through 2007 are 77.2%, 79.3% and 84.6%, respectively. The rate for 2008 should not be compared directly to previously published rates for the earlier years.

3. Section Number: Form11_State Performance Measure #6

Field Name: SM6
Row Name:
Column Name:
Year: 2007
Field Note:

The apparent 'spike' in screening rates in 2007 may be, in large part, an artifact due to a lower than expected 2007 population estimate for VT 1 year olds, published by the Census Bureau. The increase in rates was not due to a larger number of children screened in the numerater, but rather was due to a smaller population estimate in the denominator.

The 2007 rate has been revised in 2009. Previous calculations were found to have undercounted the number of children screened. Comparable rate calculations for 2005 through 2006 are 77.2% and 79.3% respectively. The rate for 2007 should not be compared directly to previously published rates for the earlier years.

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015								
The percent of youth grades 8-12 who report always wearing a bicycle helmet when riding a bicycle.								
	Annual Objective and Performance Data							
	2005	2006	2007	2008	2009			
Annual Performance Objective								
Annual Indicator								
Numerator								
Denominator								
Data Source								
Is the Data Provisional or Final?								
		Annual O	bjective and Perforr	mance Data				
	2010	2011	2012	2013	2014			
Annual Performance Objective								
Annual Indicator	While you may ente	or proliminary objective	on for State Berforme	noo Moosuroo for the	Nooda Assassment			
	while you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.							
Denominator		•						

Field Level Notes

None

FORM 12 TRACKING HEALTH OUTCOME MEASURES [SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)] STATE: VT

Form Level Notes for Form 12

None

FORM 16 STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET STATE: VT

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE:

The percent of Vermont women who indicate that their pregnancies are intended.

STATUS:

Active

GOAL

To increase the percent of women whose pregnancies are intended.

DEFINITION

The percent of Vermont PRAMS respondents (Vermont resident births occurring in either Vermont or New Hampshire) who respond to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Numerator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" and answering Yes to "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

Denominator:

Those women responding to the PRAMS question of "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?"

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related Objective 9-3: Increase the proportion of females at risk of unwanted pregnancy (and their p Target: 100%. Baseline: 93% of females aged 15-44 at risk of unwanted pregnancy used contraception in 1995. Related Objective 9-4:Reduce the proportion of females experiencing pregnancy despite use of a rever Target: 7%. Baseline: 13% of females experienced pregnancy despite use of a reversible contraceptive method.

DATA SOURCES AND DATA ISSUES

PRAMS Question: "Thinking back to just before you got pregnant, how did you feel about becoming pregnant?" And

responded "I wanted to be pregnant then" or "I wanted to be pregnant sooner."

SIGNIFICANCE

According to data from the National Survey of Family Growth (NSFG), in the United States, approximately half of all pregnancies across the age spectrum are "unintended" and may be associated with social, economic, and medical costs. Although a pregnancy may be reported as unintended, most children at birth are welcomed and nurtured. However, the social costs of unintended births can include reduced educational attainment and employment opportunity, greater dependence on welfare, and increased potential for child abuse and neglect, with a greater impact noted for adolescent mothers. In general, women who lack preparedness for pregnancy are less likely to receive timely prenatal care, and their infants are more likely to lack sufficient resources for healthy development (Healthy People 1010 Progress Review, Family Planning, December, 2004.)

SP(New for Needs Assessment cycle 2011-2015) # 2

PERFORMANCE MEASURE: The percent of youth who do not binge drink on alcoholic beverages.

STATUS: Ad

Goal To increase the percent of youth who do not binge drink using alcoholic beverages as a strategy to support healthy

behaviors in youth.

DEFINITION The percent of youth who did not binge drink on alcohol in the last thirty days.

Numerator:

The number of youth in 8th-12th grade reporting that they did not binge drink on alcohol in the last thirty days.

Denominator:

Number of youth in 8th-12th grade participating in the (comparable)Youth Risk Behavior Survey.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE HP 2010 26-11

HP 2010 Objective 26-11: Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. Baseline for

HS Seniors: 32% (1998) Target: 11%. Baseline for College Students: 39% (1998) Target: 20%.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Youth Risk Behavior Survey. Binge drinking is defined as having five or more drinks of alcohol within a couple of hours.

Binge drinking is a national problem, especially among males and young adults. In Vermont, 21% of students reported binge drinking during the past 20 days in 2005 (vs. 23% in 2003.) Twelfth graders were over four times as likely as 8th graders to binge drink (33% vs. 7%). The perceived acceptance of drug-using behavior among family, peers, and society influences an adolescent's decision to use or avoid alcohol, tobacco, and drugs. The perception that alcohol use is socially acceptable correlates with the fact that more than 80% of youth nationally consume alcohol before their 21st birthday, whereas the lack of social acceptance of other drugs correlates with comparatively lower rates of use. Similarly, widespread societal expectations that youth will engage in binge drinking may encourage this highly dangerous form of alcohol consumption (HP2010, CDC.) For this measure, Vermont is testing the approach of using assets-based wording to measure the absence of binge drinking in youth, so as to emphasize the social and cultural changes that must take place for youth to understand that binge drinking can become the antithesis to the social norm.

SP(New for Needs Assessment cycle 2011-2015) #_____

PERFORMANCE MEASURE:

The percent of women of childbearing age who consume at least two servings of fruit and three servings of vegetables daily.

STATUS:

Active

3

GOAL

To increase the number of women of childbearing age who eat a healthy diet as measured by fruit and vegetable intake in

order to improve overall birth outcomes.

DEFINITION

The number of women of childbearing age who comsume at least five servings of fruit and vegetables daily, as measured

by two servings daily of fruit and three servings daily of vegetables.

Numerator

The number of women ages 18-44 who report eating at least five or more servings of fruit and vegetables per day. There are two submeasures - the number of women 18-44 who consume at least 2 daily servings of fruit; the number of women 18-44 who consume at least 3 servings of vegetables.

Denominator:

The number of women ages 18-44 participating in the (comparable) BRFS

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related Objective 19-5

Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. Target: 75%.

Baseline: 28% of persons aged 2 years and older consumed at least two daily servings of fruit (1994-1996)

Related Objective 19-6

Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables. Target: 50%. Baseline: 3% of persons aged 2 years and older

consumed at least three daily servings of vegetables (1994-1996)

DATA SOURCES AND DATA ISSUES

Adult BRFS (BRFS is a population health risk assessment survey using a representative sample of Vermonters over 18

years of age performed every two years.)

SIGNIFICANCE

The importance of improving preconceptual health in women of childbearing age has become a priority for health and public health professionals in their efforts to improve birth outcomes. Health and social systems should support women and their partners to adopt health lifestyles during the time they may be intending to have a family. Women need to be supported in certain actions, such as in eating a healthy diet, maintaining a proper weight, getting adequate exercise, avoiding smoking and substance abuse, and obtaining regular health care. One measure of these healthy habits is consumption of adequate amounts of fruits and vegetables. (MMWR - Recommendations to Improve Preconception Heath and Health Care – Unites

States, April 21, 2006)

SP(New for Needs Assessment cycle 2011-2015) #______4

PERFORMANCE MEASURE: The percent of youth who feel like they matter to people.

STATUS: Activ

GOAL To increase the percent of youth who feel valued by their community as a strategy to support successful transition to

adulthood.

DEFINITION The percent of youth who feel valued by their communities.

Numerator:

The number of youth in grades 8-12 reporting that they agree or strongly agree with the statement: In my community, I feel

like I matter to people.

Denominator:

Number of youth in grades 8-12 participating in the (comparable) YRBS.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No related objectives

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

YRBS

Assets research for adolescents is demonstrating an association between healthy youth behaviors and certain defined assets. In response to this research, Vermont added five asset questions to the YRBS in 2001 in order to gather information on youth assets in relation to youth risk taking behavior. The state of Maine also uses this indicator, however worded slightly differently - "Do you feel that in your community, you feel like you matter to people." Also, in response to assets research, MCHB Region One began to incorporate a philosophy that would address a population's assets in addition to a population's needs in for the 2005 Title V MCH Needs Assessment. Choosing an asset indicator for Priority Goal #5 is viewed as a strategy to operationalize the assessment of youth assets in addition to analyzing youth risk-taking behavior. A collaboration between Vermont and Maine allows these two states to measure the same youth asset. A New England-wide collaboration

has begun to support other New England states to also include similar measures into their TV planning process.

SP(New for Needs Assessment cycle 2011-2015) # _____5

PERFORMANCE MEASURE: The percent of low income children (with Medicaid) who utilize dental services in a year.

STATUS: Active

GOAL To prevent dental caries in children by increasing appropriate use of dental services.

DEFINITIONThe number of low income children who use dental services within a one-year period.

Numerator:

Number of Vermont children with Medicaid insurance who visit a dental office during a one-year period.

Denominator:

Number of Vermont children with Medicaid insurance during a one-year period.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE HP 2010 Related Objective 21-10

HP Related Objective 21-10: Increase the proportion of children and adults who use the oral health system each year.

Target: 56%. Baseline: 44% of persons aged 2 years and older in 1996 visited a dentist the previous year.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

Medicaid data and data from Electronic Data Systems (EDS).

Although appropriate home oral health care and population based prevention are essential, professional care is also necessary to maintain optimal oral and craniofacial health. Regular dental visits provide an opportunity for the early prevention, diagnosis, and treatment of oral and craniofacial diseases and conditions. Experts recommmend that children as young as age 1 year be examined for evidence of developing dental caries. Dental caries is the single most common chronic disease in children. Despite the reduction in cases of caries in recent years, more than half of all children have caries by the second grade and, by the time children finish high school, about 80% have caries (Healthy People, 2010, CDC.) The dental services utilization rate of children using Medicaid insurance in Vermont has been steady for the last 5 years at approximately 45 percent. If many of the remaining 55 percent can access dental services, the number of dental

caries can be reduced through preventive measures.

SP(New for Needs Assessment cycle 2011-2015) # 6

PERFORMANCE MEASURE: The percent of one year old children who are screened for blood lead poisoning.

STATUS: Active

GOAL To increase the number of one year old children who are screened for blood lead levels.

DEFINITION The number of children aged one year old who are screened for blood lead levels.

Numerator:

The number of Vermont one year old children who are screened for blood lead levels.

Denominator:

The number of Vermont children who are one year of age.

Units: 100 Text: Percent

Objective 8-11: Eliminate elevated blood lead levels in children. **HEALTHY PEOPLE 2010 OBJECTIVE**

Target: Zero percent. Baseline: 4.4% of children aged 1-6 years had blood lead levels exceeding 10 ug/ml during 1991-1994.

DATA SOURCES AND DATA ISSUES

Vermont Department of Health maintins a data base of all screening and testing done for lead levels by labs via community clinics and primary cae offices.

SIGNIFICANCE Lead is a highly toxic metal that has been and still is used in household and industrial products. Lead exposure can increase the risk of miscarriage, premature birth, stillbirth, or low birth weight. Lead enters the body by inhaling or ingesting the lead directly, most often as lead dust. In a pregnant women, lead can cross to the placenta. Children are most vulnerable to lead poisoning when they are under six years old, and especially at ages one and two when they normally exhibit hand-to-mouth behavior. Lead poisoning can cause permanent damage to a child' brain and kidneys. Even small amounts of lead can

cause serious learning and behavior problems. The CDC has recommended that all children be screened for lead poisoning at ages one and two years. Vermont has the second oldest housing stock in the nation with about 60% built before 1978, the year lead paint was banned. Most Vermont children who become lead poisoned have ingested lead dust or lead from

soil that has been tracked into their home

7 SP(New for Needs Assessment cycle 2011-2015) #

PERFORMANCE MEASURE: The percent of youth grades 8-12 who report always wearing a bicycle helmet when riding a bicycle.

STATUS: Active

GOAL To increase the percent of youth who always use a bicycle helmet when riding a bicycle.

DEFINITION The percent of youth grades 8-12 who report always wearing a bicycle helmet when riding a bicycle.

Numerator:

The number of youth in 8th-12th grade reporting that they always wore a bicycle helmet when riding a bicycle.

Number of youth in 8th-12th grade participating in the (comparable) Youth Risk Behavior Survey who report riding a bicycle in the past 12 months.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

N/A N/A N/A N/A

DATA SOURCES AND DATA ISSUES

Vermont Youth Risk Behavior Survey for youth in grades 8 - 12. Youth who ride bicycles can report that they rarely, never,

sometimes, almost always or always wear a bicycle helmet.

SIGNIFICANCE

Helmet use when riding a bicycle can substantially prevent injury or death if the rider is involved in a crash. In Vermont's 2009 YRBS, ¾ of students in grades 8-12 rose bicycles in the past 12 months. However, 63% - over 17,000 students reported rarely or never wearing helmets. In fact, riders were most likely to report never wearing helmets: 48% never, 15% rarely, 11% sometimes, 13% almost always, and 13% always. Males, older students, and students from racial or ethnic minority groups were more likely to report rarely or never wearing helmets. The percent of bicycle riders reporting that they rarely or never wore helmets decreased for several surveys, but has since increased. In 1993, 82% of riders reported rarely or never wearing helmets, compared to 50% in 2001 and 55% in 2007. In 2009, there was a sharp increase in the percent of riders, particularly females, who reported rarely or never wearing helmets. In 2009, students who rarely or never work helmets were more likely to report other risky behaviors, such as not wearing a seatbelt, fighting, driving a car under the influence, and alcohol, cigarette, and marijuana use, even after controlling for demographic differences. However, students who rarely or never wore a helmet were not significantly more likely to have exercised every day in the last week than those who always or almost always work helmets (26% v. 24%.)